BEREAVEMENT COUNSELING GROUPS WITH ELEMENTARY SCHOOL STUDENTS

By

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This study was conducted to test the effectiveness of a bereavement counseling group for young children in the school setting. Treatment and control groups were compared in 11 Florida elementary schools. The subjects of the study included students in kindergarten through fifth grade who had experienced the death of someone in their lives within the last year. The counseling was provided by certified school counselors and consisted of eight, half-hour sessions. The goal of the counseling was to help the children adjust to the death, and this goal was met through detailed activities including artwork, bibliotherapy, role-playing, and a memorial service.

Three dependent variables were considered good indications of childhood problems with grief. These variables were emotional grief adjustment, levels of anxiety, and classroom behavior problems, and were measured respectively with the following instruments: the Children's Inventory of Emotional Grief Adjustment, the State-Trait Anxiety Inventory for Children, and the Teacher Report Form.

A repeated measures, factorial analysis of variance was performed to test for any significant differences between the treatment and control groups on the dependent variables that was not due to chance. The results of the study showed that there were no significant

differences between the students in the treatment and the control groups on the dependent variables measures. Instead, all of the students, regardless of treatment, improved during the course of the study.

CHAPTER 1
INTRODUCTION

How Can I Return to School

We mourned my father's death.
All those who loved him came:
Family and friends,
And some without a name.

They all shook hands with mother,
And some talked to my brother,
But no one talked to me.
I'm as lonely as can be.

Here I sit alone again
And think about my grief and pain
Daddy's gone away from me,
And no one's here to comfort me.

When I think of school, I shrink.
What will all the children think?
Can they share my tragedy?
Do they care what happened to me?

They're all playing, happy, carefree,
How can I fit in again,
After being left an orphan,
After all this grief and pain?

How can I go back to school?
How can I ever play again?
How can I sing, how can I dress,
How can I raise my hand in class
Or even, sometimes, misbehave,
When my daddy's in his grave?

Smilansky (1987)

It is not easy for a child to return to school after experiencing a loss due to death. Death creates a void in the child's life and often sends the family into disorder and confusion. Support and understanding from parents can be sparse because of their own grief (Wright, 1992), and the child may be left without the means for comprehending what

is happening (Giblin & Ryan, 1991; McGarry, 1991). It is a difficult time for everyone in the child's life.

Some common emotional reactions that children experience related to grief are confusion, sadness, feeling different, disbelief, jealousy, anger, hurt, and shock (Hardy, 1991). Hardy (1991) discussed several types of fear experienced by many children--fear of losing someone else, fear of someone hurting them with thoughtless comments, and fear of forgetting the deceased. Feelings of guilt and responsibility are also common in young children (Hardy, 1991).

McGarry (1991) found bereaved children to exhibit disbelief, somatic stress, anger, guilt, anxiety, and panic, all of which can affect school performance. He also discussed the need to observe these children because they are more likely to act out their feelings than verbalize them. Masur (1991) similarly discussed that some of the common physical reactions found in young children were separation difficulties, sleep disturbances, eating disturbances, nightmares, and confusion regarding the death.

In the school setting, bereaved children's responses may include poor concentration and an inability to persevere in tasks, which can leave them feeling confused and isolated (Hardy, 1991). Several authors have also noted bereaved behaviors to include acting withdrawn, being aggressive with peers and family, appearing distracted and unable to complete school assignments, and showing a need to question and discuss their beliefs about death (Arena, Hermann, & Hoffman, 1984; Balk, 1983; Blume, Whitley, Stevenson, Buskirk, Morgan, & Myrick, 1986; Wallinga & Reed, 1990).

One study that examined the effect of death on home and classroom behavior problems found that bereaved children exhibited significantly more behavior problems compared to nonbereaved children (Birenbaum, Robinson, Phillips, Stewart, & McCown, 1989). Further, bereaved children's behavior problems were severe enough to warrant referral for special help. However, many of these reactions are common to a normal

bereavement phase, and with help the bereaved children can return to their previous level of functioning (Braza, 1991).

School can be a safe, comforting environment that is free from the confusion often experienced by bereaved children in their homes (Smilansky, 1987). Schools offer a familiar routine, where normal daily procedures can have a stabilizing effect. Typical events and tasks at school can reassure children that there is order and hope. In addition, sensitive teachers and counselors, especially if they are trained to respond to a grieving child, can offer supportive activities and experiences that help children cope with death and loss (Smilansky, 1987).

Bereavement groups may help provide support from both the group facilitator and peers, furnish information about normal grief, teach skills for expressing feelings related to grief, and create an environment for exploring and sharing feelings and ideas related to grief (Braza, 1991). The group could provide the opportunity for a bereaved child to resolve some grief issues that otherwise might be carried into adolescence and adulthood (Braza, 1991; McGarry, 1991).

Need for the Study

Over 2 million deaths have occurred each year for the past 10 years in the United States alone (U.S. Bureau of the Census, 1992). Among deaths in 1991, approximately 56,000 were among people under the age of 15 and more than 36,000 were among people between the ages of 15 to 24. In the young-parent age range of 25 to 44, over 140,000 people died. Approximately 378,000 were between the ages of 45 and 64, and an estimated 1,500,000 were over the age of 65 (U.S. Bureau of the Census, 1992).

Oskamp (1988) estimated the number of grievers, per 2 million deaths, to be 8 million. Within this 8 million are families with children. Masterman and Reams (1988) estimated that in 1984 alone, 3.7% of all children in the United States under the age of 18 had experienced the death of a parent.

Although losing someone is difficult for people at any age, children have added difficulties. One of the most difficult problems concerning children and grief is their limited understanding of the concept of death (Speece & Brent, 1987). Developmentally, children under the age of 11 are unable to comprehend fully the finality of death. Instead, they often believe that a dead person may come back to life and that the dead person still has the same bodily functions as living individuals (Speece & Brent, 1987).

Another difficulty that arises with bereaved children involves adults who are associated with them. Many adults share the view that children should be sheltered from painful issues such as death (Smilansky, 1987). Thus, children are often given limited information regarding the death, which leaves them feeling more confused and lost. These bereaved children also are often deprived of grief-resolving functions, such as wakes, viewings, and funerals, for the same sheltering reasons (McGarry, 1991).

Often the lack of information occurs because many adults are unsure what they should tell children (McGarry, 1991), and even when communication about the death is forthcoming, it is often fraught with euphemisms. Adults frequently rely on statements such as, "He's gone to live in heaven," "God took her away," or "She's sleeping with the angels" (O'Connor, 1991; Schaefer, 1987). Each of the euphemisms creates more confusion than clarity and leaves the child feeling more uncertain and isolated.

Another problem young children experience in relation to death involves their interaction with their family. Death can send the entire family into turmoil, and parental support may be limited due to each of the parent's own grief reactions (Wright, 1992). Each person is busy trying to deal with his/her own feelings of loss, and therefore has difficulty lending support to another person.

During the bereavement period many children feel "different" from other children and believe that no one understands their situation (Hardy, 1991). Therefore, they shy away from potential peer support. Fear can cause children to pull away from friends and/or to cling to adults. To avoid additional hurt and pain, bereaved children pull away from or

avoid classmates who make insensitive comments. There is also the worry about losing someone else to death. Other common emotions include confusion, sadness, disbelief, jealousy, anger, hurt, and shock (Hardy, 1991).

Although young children may share the same emotions of grief as adults, they usually communicate them differently and have difficulty expressing their concerns (McGarry, 1991). Instead of verbalizing their concerns, they are more likely to express themselves in the ways they behave. For example, Masur's (1991) discussion of some of the physical manifestations of grief in young children included sleep and eating disturbances. Birenbaum et al. (1989) found a significant increase in the behavior problems of bereaved students, such as being withdrawn, depressed, or aggressive, compared to their nonbereaved classmates. Other behavioral signs include poor concentration and follow-through on performance tasks (Hardy, 1991).

Without support and understanding, a child may develop grief complications that affect future adjustment. Middleton, Raphael, Martinek, and Misso (1993) reviewed types of unresolved grief that have been described over the years. They suggested that Parkes' (1965b) three principal forms of pathological grief (i.e., chronic, inhibited, and delayed) are representative of the types of unresolved grief generally reported.

Middleton et al. (1993) discussed the extent to which pathological grief has contributed to the following disorders: depression, anxiety, posttraumatic stress, somatic symptoms, and personality disorders. Murphy (1986) found that adults who experienced parental death in childhood reported more loneliness and lower self-esteem. Mireault and Bond (1992) found that college students who experienced the death of a parent during childhood expressed more perceived vulnerability, depression, and anxiety than students in a nonbereaved control group.

To keep from developing complicated grief reactions, bereaved individuals need to work through their grief during bereavement (Bowlby, 1981; Freud, 1917/1925; Lindemann, 1979; Parkes, 1965b). Grief work includes recalling events prior to, at the

moment of, and after the death, discussing memories associated with the deceased, and feeling the pain of emotional and physical detachment from the deceased (Stroebe, 1992).

Unfortunately, most of the research and literature on bereavement has focused on adults and adolescents. The effects of grief on widows has been extensively researched (Stroebe, Stroebe, & Hansson, 1988), parental reactions to the loss of a child have been thoroughly studied (Balk, 1983; Bohannon, 1990), and interventions in the school system focused primarily on adolescents (Wass, Miller, & Thornton, 1990).

In a review of the literature regarding children and bereavement found that the research had focused primarily on the effects of bereavement, but that not much had been written regarding interventions that might combat these effects. More recently, a few authors have recommended and described some bereavement interventions with young children (Braza, 1991; Hardy, 1991; Masterman & Reams, 1988; Smilansky, 1987). Unfortunately, there still are no systematic studies of the effectiveness of counseling interventions or support groups with children (Zambelli & DeRosa, 1992).

The role of counseling in the school setting is focused on facilitating academic achievement. Difficult situations, such as the death of a significant person, often interfere with academic progress. Therefore, bereavement support groups may help the bereaved student regain the ability to concentrate on his or her school work through promoting healthy expression of feelings and a reduction of anxieties related to the death. These groups are not intended to deal with complicated grief, but merely to aid in the facilitation of grief work.

Support groups have proven beneficial in helping bereaved adults facilitate their grief work. Lagrand (1991) stated that support groups have the ultimate value of empowering an individual to cope with a loss. The groups accomplish this through helping the individual realize that he/she is not different or alone.

Support groups also may help the individual understand that the emotions and thoughts he/she is experiencing are normal and the group provides a safe environment for

expressing and gaining control over those emotions. An additional benefit of a support group is the educational aspects of coming together to share information and dispel misconceptions. Finally, the support group gives the individual the chance to help someone else who is grieving. Although these concepts were largely based on adult support groups, Lagrand (1991) believed that the same advantages would occur at any age level.

Support groups have also worked for bereaved children. Braza (1991), Hardy (1991), and Zambelli et al. (1988) provided bereavement group counseling for children. They found that the small group setting helped to facilitate children's expression of grief feelings and to understand that they were not alone in their situation. Masur (1991) also found that small group work can decrease loneliness and isolation and enhance the children's ability to cope. Masterman and Reams (1988) found decreased anger and behavior problems, and increased communication and coping as a result of bereavement support groups with children. The school counselor can assemble a small group for bereaved children and be a source of support and understanding (Smilansky, 1987).

With young children below the age of 8 years, Oaklander (1988) and Masterman and Reams (1988) recommended keeping the size of the group small--approximately three to six children. The small size is recommended because young children need more help while participating in activities and have more difficulty waiting their turn. Another consideration involves the time within each session. Oaklander (1988) stated that each session needs to be structured such that activities and discussion are appropriate to the children's age level and meaningful to the objectives of that session. Yet, the facilitator should also be flexible and open to issues that arise during the session (Oaklander, 1988).

Although bereavement groups may be one answer for this problem, no systematic studies of bereavement group effectiveness have been performed with young children. To better understand the effects of bereavement groups on young children's grief adjustment, interventions need to be theoretically based and empirically studied. In order to better

determine their effectiveness, experimental and control groups need to be established, measurement instruments need to be more comprehensive and sound, and sampling procedures need to be refined (Simpson, 1980).

There also needs to be some training and/or a systematic bereavement unit provided to counselors. The topics of death and bereavement are difficult for many adults. Kirchberg and Neimeyer (1991) found that beginning counselors especially have great discomfort in responding to clients whose problems concern death and bereavement. Although they may be willing to work with bereaved clients, counselors may feel poorly prepared to address their clients' sense of loss (Benoliel, 1988). Providing counselors with a structured bereavement unit may help them overcome their discomfort by increasing their confidence and self-efficacy in helping bereaved clients.

Theoretical Rationale

Grief can be addressed in two broad theoretical categories (Barbato & Irwin, 1992). Descriptive theories are generally phenomenological models that describe the course of grief reactions without explaining how or why grief responses occur. Process theories, on the other hand, attempt to explain the psychological mechanisms underlying grief and to postulate the function that grief reactions serve for the bereaved.

Several theorists (Bowlby, 1981; Glick, Weiss, & Parkes, 1974; Kubler-Ross, 1969; Pollock, 1987) have provided detailed descriptions of the progression of grief responses. Although they have tried to identify specific stages or phases of grief reactions during bereavement, so far no standard set of stages has served all persons or all situations. Instead, grief should be viewed as a personal experience that consists of fluid phases that vary from person to person (Shuchter & Zisook, 1993).

Process theories describe the type of grief responses that are of interest in this study. The theories consistently identify two mechanisms underlying emotional grief reactions: (a) the necessity to break the relational bond between the bereaved and the deceased and (b) the necessity to build new relationships in order to fulfill needs that were

previously met by the deceased. Among the theorists who have most worked on process theories are Freud (1917/1925) and Lindemann (1944) from the psychoanalytic tradition, and Bowlby (1981) and Parkes (1965a) from attachment theory. Middleton et al. (1993) found from their survey that process theorists have had the most influence on practicing psychologists and counselors in their work with bereaved clients.

The theorists all proposed the need for bereaved individuals to work through their grief. The "grief work hypothesis" is a model of normal grief resolution that Stroebe (1992) defined through a review of the major theories and intervention studies related to grief. The common thread among all of the theories is the idea that "grief work" is necessary for the resolution of grief. Stroebe (1992) defined grief work as the

> cognitive process of confronting a loss, of going over the events before and at the time of death, of focusing on memories and working towards detachment from the deceased. (pp. 19-20)

Grief work encompasses a process of talking about and confronting memories of the deceased in order to break the bond or link that binds the bereaved to the deceased. Thus, the bereaved are able to gain detachment from the deceased and begin to re-establish ties with others.

Barbato and Irwin (1992) suggested that four tasks need to be performed progressively for successful resolution of grief work. The tasks, in order, are (a) to accept the reality of the loss through a confrontation of the occurrence and the permanence and significance of the loss to such an extent that denial can no longer be used as a coping device, (b) to acknowledge the pain of grief by experiencing the intense emotional, physical, and behavioral agony so that it does not manifest itself later through some other symptoms, (c) to adjust to an environment in which the deceased is missing, which could require the bereaved to assume unaccustomed roles, to develop new skills, and to redefine the goals of his/her life, and (d) to withdraw emotional energy from the deceased person and reinvest it in another relationship.

The tasks associated with grief work require a great amount of time and energy on the part of the bereaved person. Although these reactions are normal, they disrupt common-day activities and create many problems for the bereaved. These problems include loneliness, anxiety, depression, emotional outbursts, mental disorganization, role changes, financial insecurity, and sleep disturbances (Shuchter & Zisook, 1993). Even though these are each serious problems for the bereaved, they need to be differentiated from problematic grief.

Complicated grief may result if a bereaved person does not engage in grief work (Middleton et al., 1993). Some of the complications in grief resolution were identified by Parkes (1965b) as chronic grief (i.e., prolongation of grief with exaggerated symptoms), inhibited grief (i.e., most symptoms of normal grief are absent), and delayed grief (i.e., normal grief symptoms are avoided for at least a period of time).

Several variables pertaining to the deceased and the bereaved have been cited in the literature as risk factors in grief resolution. A few of the risk factors include the nature of the relationship between the deceased and the bereaved (Bowlby, 1981; Parkes, 1993; Sanders, 1993); the manner in which the death occurred (Rynearson, 1987; Sanders, 1993; Stroebe, Stroebe, & Domittner, 1988); strength of the support system (Vachon & Stylianos, 1988); and various other characteristics of the bereaved person such as psychological problems, age, gender, and previous loss experiences (Rando, 1992; Sanders, 1993; Stroebe, Stroebe, & Domittner, 1988). Sanders (1988) stated that although each of these can be a cause for concern, a combination of factors poses the most risk.

Children are considered high risk for complicated grief reactions because of their developmental immaturity and dependency upon others (Barbato & Irwin, 1992). Although a great deal has been written about adult grief responses, the process of grief in children has only just begun to be explored (Rosen, 1985).

Bowlby (1979) stated that grief reactions in children are similar to those in adults, except that they use denial for a longer period of time. The children's use of denial may be

due to the limitations in their understanding of death, lack of communication and support from family members, or inability to express themselves verbally. Among the various complications that may be associated with grief in children, this study will focus on children's adjustment to grief, levels of anxiety, and associated behavior problems.

The loss of a significant person is stressful (Horowitz et al., 1993) and can cause separation anxiety reactions (Bowlby, 1981). The anxiety that results from the loss is normal, but adds to the confusion experienced by a young child and thus can create more difficulties. The anxiety is unnecessarily high due to the confounding problems resulting from lack of communication and the unusual state of disarray in the home (McGarry, 1991; Wright, 1992).

Young children often express their anxiety and confusion behaviorally because of their lack of cognitive and verbal skills (McGarry, 1991). Davies (1983) found that 25% of her sample of bereaved children had behavior problems severe enough to be considered pathological. Birenbaum et al. (1989) found that bereaved students presented significantly more behavior problems than did their nonbereaved counterparts. In their study, the majority of problems were found to be internalized symptoms such as somatic complaints, depression, social withdrawal, obsession, anxiety, immaturity, obsessive compulsive, and uncommunicativeness. There were also significantly increased behavior problems noted among the externalized symptoms.

Fortunately, the risk of complicated grief in children may be prevented through the use of structured group experiences. Several authors have suggested the use of bereavement support groups for children as a means for promoting health resolution of bereavement issues (Braza, 1991; Hardy, 1991). The possible benefits include providing support, a facilitative environment, the reassurance of normality, and the skills for dealing with difficult situations (Braza, 1991).

According to Barbato and Irwin (1992), an eclectic approach should be used to determine the activities and techniques in the counseling sessions. The process of working

through grief progresses from actively experiencing and expressing feelings to a greater emphasis on behavioral and cognitive changes. Client-centered and Gestalt theories are constructed to increase awareness about the self and to facilitate emotional expression (Thompson & Rudolph, 1988). The facilitative conditions for therapeutic change (e.g., acceptance, genuineness, empathy, and unconditional positive regard) involved in client-centered therapy can help create an atmosphere allowing the expression of grief work (Barbato & Irwin, 1992).

Gestalt techniques can also aid grief work by increasing the child's awareness of self and his/her reactions to the loss, and providing safe, structured activities for releasing the emotions (Oaklander, 1988). These techniques can facilitate emotional grief adjustment and reduction of anxiety.

Behavior problems may be addressed more effectively by behavioral and cognitive therapies. Although expression of difficult emotions may reduce anxiety, a more direct route may be necessary to produce the desired behavioral change (Barbato & Irwin, 1992). The behavioral techniques of role playing difficult situations and relaxation exercises, as well as cognitive activities and discussions involving the changing roles and situations, will help decrease their behavioral problems (Thompson & Rudolph, 1988).

Purpose of the Study

The purpose of this study was to investigate the effectiveness of small group bereavement counseling with young children ages 5-12 years who have in the past year experienced the loss of a significant person in their life through death. More specifically, children in elementary schools who had been identified as experiencing bereavement received an eight-session bereavement unit. Using experimental and control groups for comparison purposes, the unit was studied in terms of students' grief adjustment, state-anxiety, and classroom behavior problems.

Research Questions

The research questions addressed in this study were

1. If grieving students receive assistance through group bereavement counseling activities, will they be more adjusted in terms of their grief than a similar group of students who do not receive the bereavement unit?

2. Will the grieving students who receive the unit report lower levels of anxiety than a control group who does not receive the unit?

3. Will there be a difference in terms of academic and social classroom behaviors between the group who receives the counseling unit and a control group?

Definition of Terms

Bereaved student refers to any young child enrolled in elementary school, grades K-3, who has experienced the loss of a significant person due to death.

Bereavement is the objective situation of having lost someone significant due to death.

Bereavement counseling unit refers to a series of eight sessions of counseling activities designed to be used with a small group of students who have experienced the death of a significant person due to death.

Classroom behaviors are student actions expressed in the classroom as reported by a student's teacher.

Grief is the set of feelings associated with and the emotional response to the loss of someone significant due to death.

Grief adjustment is the process by which a person resolves the pain of bereavement.

Group facilitator refers to any qualified school personnel assigned the duty of counseling small groups of students.

Mourning denotes the actions and manner of expressing the grief associated with the death of a significant person.

Personal anxiety in this study is the transitory anxiety experienced in a stressful situation.

Significant person refers to any person in the life of the student who was important to him/her as determined by the student's parents.

Organization of the Study

The remainder of the study will be presented in four chapters. In Chapter 2, the related literature is reviewed and analyzed. This is followed by a discussion of the methodology in Chapter 3, which includes a description of the research design, population, sampling procedures, participating schools, group facilitators and counselors, hypotheses, treatment procedures, measurement instruments, and procedures for collecting and analyzing the data. The results of the study are presented in Chapter 4, and a discussion of the results, limitations of the study, and recommendations for further research is included in Chapter 5.

CHAPTER 2
REVIEW OF THE RELATED LITERATURE

Bereavement has commonly been defined or referred to as the "state" of having experienced the loss of a significant person due to death (Rodgers & Cowles, 1991). Bereaved individuals embark on a journey of pain and confusion in an attempt to cope with the loss. This process is referred to as grief and has been widely researched in the medical, psychological, and sociological fields of study (Stroebe, Stroebe, & Hansson, 1993).

Rodgers and Cowles (1991) performed a conceptual analysis of the concept of grief in order to establish a definition and context for its use. They found the overall definition of the concept of death as "a dynamic, highly individualized, and pervasive process with a strong normative component" (p. 448). They explained that the attributes of "dynamic" and "process" were used to imply that grief is most often characterized as "work" rather than a state of existence.

Attig (1991) agreed with this dynamic notion of grief "work" in his article that espouses the need to view grief as an active, in contrast to a passive, process. He stated that some of the classical theorists who identified the stage-phase concepts and the medical model created the belief that a bereaved person has to move passively through the sequence of grief events or endure the symptoms of the grief "illness." Instead of these older, "passive" models, he espoused a model in which bereaved individuals should be encouraged to take control of their own process of grief work.

The individualized nature of Rodgers and Cowles' (1991) concept of grief is also supported by Attig's (1991) idea of active grief. They found in an individual's grief a fluid, nonlinear pattern of behavior, thoughts, and emotions that is pervasive, with the potential to affect every aspect of the bereaved individual's being.

The final feature of Rodgers and Cowles' concept of grief is its normative focus. Most of the literature reviewed clearly described grief as normal and differentiated the normal aspects with such terms as "complicated," "atypical," and "pathological." The aspects of normal grief were limited by societal and cultural values (Rodgers & Cowles, 1991).

Grief and the Society

Kastenbaum (1972) coined the term "death system" to describe the manner in which people comprehend death within a given society. All thoughts, feelings, and behaviors that are directly or indirectly related to death help form a person's and society's attitudes toward death. Everything associated with death (e.g., funeral practices, medical technology, presentation of death in the media, books about death, and "old wives" tales) influences the belief systems towards death.

Most cultures have death systems. Some differ from each other and affect mourning practices (Rosenblatt, 1988). Whereas a particular form of grieving may be defined as normal in one culture, the same expression of grief may be deemed pathological in another. Even within the same country, ethnic and cultural differences exist. Rosenblatt (1993) stated that mainstream Americans tend to express their pain emotionally, while many ethnic groups tend to express their grief with somatic symptoms. He suggested that a sensitivity to cultural and ethnic differences in mourning may help defend against some of the problems associated with ethnocentric thinking. Openness to differences may aid in understanding the individual nature of all forms of grief (Rosenblatt, 1993).

Regardless of cultural or ethnic background, contemporary American society has adopted a death system that enables people to deny death (Aries, 1981). Advancements in medical technology, increased use of nursing homes, and a decrease in expanded family living have created a society in which death is rarely observed, and therefore can be ignored or denied.

People continue to be confronted with the death of significant individuals in their lives. Each year over 2 million deaths occur in the United States alone (U.S. Bureau of the Census, 1992). Due to the lack of societal support of death topics, the families and friends of these deceased individuals are caught without the experience to deal effectively with the various aspects of grief (Stroebe, 1992).

Normal Grief

There are three primary dimensions to grief--emotional, physical, and cognitive (Barbato & Irwin, 1992). The first of these reactions is emotional and includes sadness, sorrow, depression, relief, anger, guilt, and anxiety. The function of emotional grief is to disengage the bereaved person from his/her relationship with the deceased. The bereaved individual does not need to forget the deceased, but rather to understand that the satisfaction derived from the interaction with the deceased must now be found elsewhere (Barbato & Irwin, 1992).

The secondary reactions that occur during bereavement are physical and include tightness in the chest and throat, hypersensitivity to noise, breathlessness, muscular weakness, lack of energy, anorexia, insomnia, and hypersexuality. The bereaved may also be vulnerable to illness, in part due to impairment of the immune system related to the stress of the loss (Barbato & Irwin, 1992).

The third, cognitive reactions, include disbelief, denial, hallucinations, confusion, difficulty concentrating, impaired memory, disorganized thought processes, and thoughts associated with religious beliefs (Barbato & Irwin, 1992).

Theories related to grief can be grouped into two broad categories, descriptive theories and process theories (Barbato & Irwin, 1992). Descriptive theories involve the delineation of grief into stages or phases that the bereaved must pass through. Process theories are based on determining the psychological mechanisms behind the grief reactions.

A great deal of attention has been given to the descriptive theories in relation to developing a sequential progression of grief reactions. Research into this area initially

began with Kubler-Ross' (1969) exploration into the emotional and cognitive reactions of dying patients. Since then, several theorists and researchers (Bowlby, 1981; Glick, Weiss, & Parkes, 1974; Parkes, 1980; Pollock, 1987) have examined the possibility of specific phases or stages of grief. Thus far, no one has been able to uncover specific reactions within a sequential flow of grief responses that fit all people or situations. Instead, grief has more recently been viewed as an individualistic process that is fluid and circular. Although many of the reactions are similar among bereaved individuals and there appears to be a certain progression of working through grief, every person has his/her own unique style of expressing the grief.

Process theories, on the other hand, describe grief in a more individual manner, with an emphasis on broader descriptions of the progression of grief reactions. Although these theories deal effectively with the emotional aspects of grief, little attention is given to the physical or cognitive aspects of grief (Barbato & Irwin, 1992). The prevalent view of these theories is that the physical and cognitive reactions will dissipate once the emotional grief work is accomplished.

Several models were found to have most greatly influenced psychologists and counselors in their work with bereaved clients (Middleton, Raphael, Martinek, & Misso, 1993). Among these theories are Bowlby's (1981) emphasis on the ecological nature of yearning for the deceased. Freud's (1917/1925) focus was on need the for detachment from the deceased and the bereaved's disinclination to let go. Lindemann (1944) was another frequently used theory of grief because of his focus on the somatic reactions of acute grief.

Freud (1917/1925) first outlined his views on the normal and pathological responses to grief and mourning in his article Mourning and Melancholia. He defined mourning as the expression of grief emotions in response to the loss of a loved object or person. Grief was viewed as encompassing the following reactions: pain, loss of interest in the outside world, loss of capacity to adopt any new object of love, and a turning away

from every active effort that is not connected with the thoughts of the dead. He described these reactions as normal to grief, yet involving grave departures from the normal attitudes of life.

Freud proposed that grief work occurred in order for the libido to be withdrawn from its attachments to the object. This work was accomplished "bit by bit, under great expense of time and cathartic energy" (Freud, 1917/1925, p. 154). He suggested that there was a struggle between the reality of the loss and the person's desire to hold onto the attachment, which was the cause of the need to expend such a great amount of energy. In order to detach from the deceased, the individual must bring each "memory and hope which is bound up in the libido to the object and have it hyper-catharted" (p. 154).

Bowlby (1981) studied the attachment bond between infants and their mothers. He found that infants who have been separated from their mothers respond with a specific set of behaviors that facilitate the return of the mother. He also found this set of behaviors to be similar to the reactions found in bereaved adults to the loss of a significant person. He theorized that whereas the response in infants is productive in shortening the period of separation from the mother, it was dysfunctional in bereavement situations. No amount of yearning behaviors will help bring back the deceased (Bowlby, 1981).

Although Bowlby's theory differs from other grief theories in the etiology of the grief response, his belief in the means of resolving grief is similar. He recommended that the bereaved need to work actively through the pain associated with the loss. He described grief work as a process of redefining the self and situation. This is accomplished through realization of the permanence of the loss and a cognitive restructuring of the bereaved's internal representation models to align them with any changes that have occurred (Bowlby, 1981).

The theoretical work pertaining to grief by Lindemann (1944) stemmed primarily from his association with bereaved victims of the fire at the Coconut Grove nightclub in Boston, which killed 491 people. He interviewed the bereaved relatives of those killed in

the fire, along with other bereaved relatives of patients in the hospital and relatives of members in the armed forces.

His primary emphasis was on the reaction of acute grief, the first few weeks to a month immediately after learning of the death. He described the observable responses to acute grief as

> sensations of somatic distress occurring in waves lasting from 20 minutes to an hour at a time, a feeling of tightness in the throat, choking with shortness of breath, need for sighing, and an empty feeling in the abdomen, lack of muscular power, and an intense subjective distress described as tension or mental pain. (Lindemann, 1944, p. 141)

In addition to the somatic complaints expressed above, the bereaved may also experience a preoccupation with the image of the deceased, guilt, hostile reactions, and loss of organized patterns of thought and/or behavior. He also noted that the bereaved try to avoid pain of the loss at any cost. Bereaved individuals may pull away from social interaction and busy themselves with nonessential tasks deliberately to keep thoughts about the deceased from awareness.

Lindemann (1944) characterized the process of grief as "grief work," which includes the "emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing, and the formation of new relationships" (p. 143).

Although pathological reactions to grief were prominently noted by Lindemann (1944), he describes these reactions as easily managed by a psychiatrist. In the instance of the pathological reactions, he suggested that early identification of the problem and proper psychiatric attention helped the bereaved regain the normal course of grief. The psychiatrist's task in working with the bereaved is to facilitate the bereaved's grief work. This can be performed by aiding the bereaved to extricate himself or herself from the bondage of the deceased and to find new patterns of rewarding interaction.

The specific tasks of grief work facing the bereaved are to accept the pain of bereavement, to review the relationship with the deceased, and to become acquainted with

changes in the bereaved's emotional reaction. In this process, the bereaved needs to cope with the fear, anger, and guilt associated with the loss. Also, the individual needs to begin social interactions again and build new relationships of support. Lindemann (1944) believed that these tasks could be accomplished in eight to ten counseling sessions.

Parkes (1980) viewed grief reactions more in the realm of normality rather than as pathological. He believed that services for the bereaved could be provided by a wide range of helpers, from professionals to self-help groups. His work started much earlier when he reviewed the academic literature and his own work to ascertain typical reactions associated with the normal progression of grief and to determine symptoms that would suggest the need for intervention (Parkes, 1965b).

He found the following features of grief commonly discussed in previous research and prevalent in his own sample population: depression or anxiety, apathy, insomnia, cultivation of idea of presence, sense of presence of deceased, execution of acts associated with the deceased, attempts to escape reminders, difficulty accepting the loss, blaming self, and blaming others (Parkes, 1965b).

He also characterized typical grief as consisting of a brief period of numbness or denial of the loss that lasts from hours to days. Afterwards, attacks of yearning and anxiety, alternating with longer periods of depression and despair, are frequent. During these episodes, the individual may have the associate features of insomnia, anorexia, restlessness, irritability with occasional outbursts of anger directed at self or others, and preoccupation with thoughts of the deceased. These features were believed to decease in intensity within six weeks, and decline to a minimal level by the end of six months (Parkes, 1965b).

Horacek (1991) discussed a contemporary model of grief that addresses some of the limitations he perceived in previous models. Through a review of various models and related literature involving the complexity of grief responses, he determined the concepts of time-limited grief and the need of decathexis to be simplistic. His new model of grief does

not delineate specific stages and does not place time limits to the normal grief reactions of a highly attached relationship, such as a child or a spouse.

The model delineates the following three sets of reactions:

1. Initial reactions include, but are not limited to, numbness, shock, and disbelief and can last for days, weeks, or even months.
2. Grief tasks include reactions that sometimes begin during the period of initial reactions and can include, but are not limited to, tasks such as dealing with anger, guilt, idealization of the deceased, emptiness, depression, ambivalent relationships, and life reviewing. Working through these tasks can take months or years and in some cases can continue indefinitely. In some instances in which the griever has great difficulty working through intense anger, guilt, or other strong reactions, professional intervention may be needed, depending on the level and duration of such reactions.
3. Adjusting to the loss and continuing grieving occurs after months or years of working through the various grief tasks. Most bereaved will experience a substantial return to everyday functioning (Horacek, 1991).

However, the return to everday function will not involve a return to pregrief functioning. As with an amputation or dismemberment, the loss continues, along with continuing adjusting, adapting, and grieving for a lifetime. While most grievers will lessen their emotional ties to the deceased, complete decathexis is neither possible nor desirable. Most will experience a continuing attachment to and relationship with the deceased while, at the same time, being able to involve themselves in everyday living (Horacek, 1991).

Another normal response to the loss of a loved one involves a continual sense of emotional pain that recurs periodically throughout the life of the bereaved. This recurrent grief reaction is termed "anniversary grief" and typically occurs at the same time of the year as the death of the significant person (Brabant, 1990). This reaction of acute grief has also been triggered by many other situations of importance such as a birthdays, anniversaries,

graduations, and marriages. Children's anniversary reactions tend to depend less on calendar dates than on temporal or experiential events. For instance, if the deceased died at the beginning of the school year or around a holiday, then the period of time surrounding the events will stimulate a grief response (Fox, 1985).

Grief Work

Based on the above theoretical orientations and the practice of counseling interventions with bereaved persons, Stroebe (1992) determined that the common notion behind grief resolution was the need for "grief work" to occur. Grief work is the act of experiencing the pain of acknowledging the reality of the death, experiencing the emotions associated with the decathexis of the relationship with the deceased, and expending the energy put into establishing new relationships (Stroebe, 1992).

Attig (1991) suggested that an individual who can actively take control of the grief process is much more likely to resolve the grief emotions in a timely fashion. Worden's (1982) four tasks of successful grieving summed the active role of griever. The four tasks are as follows:

1. The bereaved must acknowledge the reality of the loss and its implications.
2. The bereaved must work his or her way through the emotional experience rather than avoid, circumvent, or repress it.
3. The bereaved must find ways of living meaningfully in the world where the one about whom he or she cared is now absent.
4. The bereaved must loosen the ties with the deceased to an extent that allows for involvement with others.

Many bereaved persons accomplish their grief work on their own or with the help of their natural system of support. For those individuals who need some additional help due to a lack of support or other risk factor, timely counseling has been found to help prevent further complications in a rather short period of time (Lindemann, 1944; Parkes,

1980). The four tasks of active grieving proposed by Worden (1982) are also recommended as objectives for therapy with bereaved clients (Attig, 1991).

When a bereaved individual does not naturally set about the task of working through his/her grief and does not seek professional help, problems related to the loss and grief arise (Middleton et al., 1993). Problems associated with the lack of grief work have often been described in terms of pathological grief.

Pathological Grief

Pathological grief reactions are closely tied to our understanding of normal grief (Middleton et al., 1993). Many of the same theories that have increased our understanding of normal grief stemmed from the research into problematic or pathological grief reactions (Shuchter & Zisook, 1993).

Freud's (1917/1925) delineation of pathological grief was termed "melancholia." Freud viewed melancholia as a natural complication of normal grief within a bereaved individual who has ambivalent feelings about the deceased. It stems from the struggle within the individual to retain the relationship with the deceased. In doing so, the bereaved individual rejects the reality of the loss for a fantasy in which the relationship is still alive.

Freud described the response of melancholia to be similar to those in mourning, except with more intensity and with deterioration in self-esteem. He attributed this degradation of the self to the bereaved's ambivalent feeling toward the deceased. He believed that the bereaved felt intense guilt about the lack of feelings toward the deceased and that the feelings associated with the guilt were redirected upon his or herself (Freud, 1917/1925).

Lindemann (1944) proposed that when a bereaved person effectively managed to avoid his or her grief work, pathological reactions may occur. The pathological forms of grief were presented as either a delay in the reaction or a distortion in the grief reaction. Delayed grief occurs when the bereaved fails to exhibit a normal grief response immediately following the loss, and then after a period of time, expresses a typical grief reaction.

Distorted reactions include situations when the bereaved may present an over-activity without a sense of loss, the acquisition of symptoms belonging to the last illness of the deceased, psychosomatic conditions, alteration in relationships to friends and relatives, furious hostility against specific persons, loss of emotional affect, lasting loss of patterns of social interaction, behavior that is detrimental to the bereaved, and agitated depression (Lindemann, 1944).

Parkes (1965a), on the other hand, suggested that each of the responses that are commonly associated with typical grief reactions (depression, anxiety, apathy, insomnia, sense of presence of the deceased, execution of acts associated with the deceased, and heightened anger) should simply be viewed as pathological when they become prolonged in duration or of unusual severity (Parkes, 1965a). His discussion of the forms of pathological grief were similar to Lindemann's. These pathological forms were chronic grief, which is expressed as a prolonged reaction with deep and pressing sorrow; inhibited grief, in which a large part of the total picture of grief is permanently absent; and delayed grief, in which the full grief response occurs after a period of delay (Parkes, 1965a).

The common aspects of each of these theories in relation to what constitutes pathological reactions appear to include the intensity of the response to the loss and the length of time since the loss occurred (Brabant, 1990; Middleton et al., 1993). Since grief responses have an individual nature, most reactions can be viewed as normal until they begin to extend for a long period of time or are too intense in expression.

Risk Factors

Many factors may place an individual at risk for pathological grief reactions. These factors may effect an individual's ability to accomplish the tasks of grief work, and therefore, unresolved grief issues occur. A few of the factors include the type and circumstances of the death, the type and intensity of relationship between the bereaved and the deceased, social support after the death, individual characteristics inherent in the bereaved, and the interaction among the various factors.

Manner of the death can affect the intensity and/or duration of the grief response. Sanders (1993) addressed the beneficial aspects of the ability for bereaved individuals to discuss an impending death with a dying person. In the case of sudden death, the bereaved do not have the time for this final discussion and have the added element of shock. The bereaved individual may be left with feelings of loss of control and loss of trust in the world.

Another type of loss that creates added burden on bereaved individuals is stigmatized death, such as suicide or deaths due to AIDS. In addition to the common difficulties associated with loss, stigmatized deaths result in a decrease in social support for the bereaved due to the uncomfortable issues surrounding the death. The bereaved individuals are left without the emotional support necessary during this difficult period of time (Sanders, 1993).

The intensity of the relationship between the bereaved and the deceased may create additional difficulty in grief work. The sense of loss will be more profound in the case of more intense relationships. The loss of a spouse results in special difficulties that cause the bereaved to be high risk for illness and possible death (Stroebe & Stroebe, 1993). The death of a child is also associated with high morbidity in surviving parents (Sanders, 1988), as well as higher rates of divorce (Sanders, 1993).

The bereaved individual's feelings toward the deceased have also been theorized as a source of complicated grief responses (Freud, 1917/1925). In the case of bereavement of a spouse, ambivalent feelings are believed to increase anxiety, depression, guilt, and yearning. In the case of relationships where there is an overdependence on the deceased person, the bereaved tend to cling to the lost relationship and become even more dependent. With the death of a child, the parents' strong feelings of identification with the child creates a sense of a loss of part of the self. The parents in turn may suffer increased somatic responses, depression, anger, guilt, and despair (Bohannon, 1990).

The role of social support can influence grief in positive or negative fashion. Stylianos and Vachon (1993) proposed that having even one friend who is willing to listen and empathize with a bereaved person can facilitate the process of grief work. On the other hand, without sufficient support, bereaved individuals may experience increased stress and poor health.

Unfortunately, supporting bereaved individuals can be an arduous task. While being supportive, unresolved issues may arise in the sympathetic person (Rosenblatt, Spoentgen, Karis, Dahl, Kaiser, & Elde, 1991). Another problem may result if the people associated with a current support network have been more closely tied with the deceased than the bereaved and therefore slowly disperse over time (Sanders, 1993). Similarly, the bereaved person may push supporters away during periods of intense anger or denial (Vachon & Stylianos, 1988).

Individual characteristics of the bereaved also affect grief responses. Gender issues have been explored, and findings suggest that although bereaved males report fewer symptoms of grief, they appear to exhibit equal amounts of grief issues as do females. The males have additional difficulty because they have less social support (Sanders, 1993).

Age, in relation to adults, appears to be complex. Younger adults have more intense initial reactions, but recover more quickly than do older adults (Sanders, 1993). Children have additional problems related to developmental understanding of death and dependence upon adults for information related to the loss (Schaefer, 1987).

Personality characteristics also influence the process of grief resolution. Parkes (1985) identified a "grief prone personality" as one who exhibits excessive guilt and depression, intense clinging behavior, or inordinate pining for the deceased. Parkes and Weiss (1983) included personality types who are anxious or fearful as high risk for pathological grief.

On the other hand, personality characteristics that have been found to aid in the facilitation of grief work are emotionally stable, mature, conscientious, conservative, and

socially precise (Sanders, 1993). In relation to health outcomes, the two characteristics that have been identified as most influential are emotional stability and locus of control (Stroebe & Stroebe, 1993).

In each of these cases, high risk characteristics should be evaluated in respect to potential grief resolution. When working with bereaved individuals, treatment needs to be designed to incorporate risk factors into the counseling goals. This may be accomplished through increasing time spent on particular issues, facilitating use of social supports, and evaluating of specific personality traits.

Children's Concepts of Death

One of the greatest risk factors associated with children is their limited understanding of death. Although children vary in maturity even within the same cohort, there is a general progression of understanding of death concepts. Many researchers have studied children's developmental understanding of death. Most of the research began when Nagy's (1948) study defined three broad developmental stages of children's conceptualization of death. Kane (1979) performed a study to confirm previously derived developmental levels of death concepts and to determine if experiences with death accelerated the development. She found that there was a sequential flow in development and that experience with death only accelerated development in children under 6 years of age. Since then, researchers have focused on different age levels (Wass, 1984) and different concepts (Speece & Brent, 1991).

Several theorists have viewed children's development of death concepts according to Piaget's (1973) system of cognitive development (Wass, 1984). Within the construct of this developmental system, elementary children in kindergarten through third grade fall into the period of preparation and organization of concrete operations.

This period is divided into two stages of cognitive development: the stage of preoperational thought and the stage of concrete operations. The stage of preoperational thought encompasses early childhood, ranging from 2 to 7 years of age. Some

characteristics of this stage that may influence death concepts in children are displaying an egocentric orientation; having magical, animistic or artificial thinking; and the believing that thinking is irreversible and that reality is subjective (Wass, 1984).

The concrete operational stage encompasses middle childhood, ranging from 7 to 12 years of age. Characteristics that may influence death concepts in the concrete operational stage are a decentralization of the egocentric orientation; thought that is naturalistic and bound to the concrete; and an ability to recognize laws of conservation and reversibility (Wass, 1984).

The following is a sequential flow of children's maturing understanding of death, ranging from 4 to 9 years of age (Giblin & Ryan, 1991). Initially, children have a very limited understanding of death. Although they may use the word and have a notion that it is associated with sorrow, this understanding is minimal and little to no emotion is associated with a loss. Slowly, their understanding becomes more detailed, accurate, and factual except that they still believe death is reversible. During this time, they may develop behavioral reactions associated with death, such as avoiding dead bugs.

As their understanding evolves, children begin to develop emotional responses to the idea of death. They may fear that someone in their family will die or that death occurs as a result of aggression, and they may have a preoccupation with graves, funerals, and burial. Yet, they still do not associate death with something that can happen to them.

As children continue to mature, their interest continues to be refined and they start to take a more active role in learning about death. They may ask more questions about causes of death and the processing of a dead body. This interest eventually leads into questions about afterlife.

Finally, around 9 years of age, death is viewed fairly accurately and realistically. Children understand the biological nature of death, but still do not abstractly understand all of the emotional ramifications of grief. They understand that everyone dies, but death is viewed as personally remote--only happening to the elderly (Giblin & Ryan, 1991).

A review of the related literature regarding the concept of death showed that the concept is rather complex, consisting of a number of relatively distinct components. Three of the most widely studied components are irreversibility, nonfunctionality, and universality (Speece & Brent, 1987). Irreversibility refers to the understanding that when a living thing dies, its physical body cannot be made alive again. Nonfunctionality refers to the understanding that all life-defining characteristics cease at death. Universality refers to the understanding that all living things die. A review of the related literature regarding death concepts revealed that most children gain an understanding of these concepts between the ages of 5 and 7 years (Speece & Brent, 1987).

Bereavement and Children

In comparison to the amount of effort that has gone into understanding children's conceptualization of death, very little research has been performed concerning the specific reactions of children who are coping with loss (Rosen, 1985). Additionally, most of the studies performed to date are more descriptive in nature, and therefore, lack empirical evidence.

Bowlby (1979) stated that children react to grief with many of the same emotions as do adults, but they may express them differently. Likewise, Osterweis, Solomon, and Green (1987) found that although children share similarities with adults in the emotions they felt, their reactions appeared different. The differences may be due to developmental immaturity and a lack of coping skills.

The manner in which these differences are manifested in children include decreased use of verbalizing skills and increases in behavioral and somatic reactions (Furman, 1984). These factors increase the potential for complicated grief in children and create additional anxiety and confusion. For example, in order for children to achieve detachment, they may need concrete reminders (such as photos and belongings of the deceased) to engage in grief work (Furman, 1984). The behavioral and somatic responses may be more symptomatic in

children because they "tend to remember in action and feeling rather than in thought and word" (Furman, 1984, p. 196).

Baker, Sedney, and Gross (1992) reviewed the literature on childhood bereavement. Based on the works of Furman (1974), Worden (1982), and Shuchter (1986), they delineated the psychological tasks that children must accomplish in order to progress through the grief process.

Early tasks focus on understanding the death and security needs. The child needs to understand the fact that someone has died and the implications of this fact. They also need to find a sense of security. Often the family is in a state of disorganization. Until the child feels a return to organization and knows his or her needs will continue to be met, all attention and energy will be directed towards this area. Therefore, the grief process cannot be attended until an understanding of the death and the child's safety needs are established (Baker et al., 1992).

Middle tasks include an acceptance and emotional acknowledgment of the reality of the loss, an exploration and reevaluation of the relationship with the deceased, and a facing and bearing of the psychological pain that accompanies the realization of the loss. This is the phase in which the majority of grief work is accomplished. Relationship issues are the key focus during this time. Many of the emotions felt by the child need to be worked through. The duration of this phase is based on the individual, and children may revisit many of the psychological tasks associated with this phase as they mature and gain new understandings of the meaning of relationships. The goal of this phase is not to detach entirely from the relationship with the deceased, but rather to rework the relationship to fit the new reality (Baker et al., 1992).

The psychological tasks associated with the late phase of grief combines the reworking of his/her relationship with the deceased with the reworking of a new personal identity without the deceased. During this phase, the child should begin reinvesting in new emotional relationships. A difficulty associated with making new ties is the fear of losing

someone else and the need to compare new relationships with the old one. Children additionally need to return their psychological energy towards the age-appropriate developmental tasks of maturing.

Adults need to encourage children to face and resolve emotional conflicts associated with death, rather than to have the children repress their feeling and suffer the consequences in adulthood (Silverman, 1987). One helpful hint for helping children with their grief work is to fully explain to the child what "dead" means. The adult should use concrete terms that describe the meaning of death, as well as, a description of being not alive. These descriptions should include the cause of the death, noting factors such as age and illness.

Adults should also help the children understand the rituals of mourning and what will happen during the mourning process. The adult should discuss where the deceased will be taken, what commonly happens at a viewing, wake, funeral, and/or memorial service. The child should be given a choice as the whether or not he/she wishes to attend, but should not be forced to attend (Furman, 1984; Schaefer, 1987).

Even after the initial phase of mourning rituals have past, adults need to continue communicating with the children about the death. Acknowledge the difficulty of talking about the death, but also the necessity of talking about the deceased and sharing feelings related to the death (Furman, 1984; Schaefer, 1987). There are several factors that need to be explored prior to helping children with their grief work. These factors include the emotional reactions of children, the behavioral manifestations of these emotions, and the factors related to anxiety that may inhibit grief work.

As with adults, children's reactions to death are normal and will ease over time with enough energy put into grief work. Yet, children also have the potential for complicated reactions if grief work is denied, delayed, or too intensive. Since they are at additional risk due to immaturity, preventative measures would be appropriate and may help deter possible complications.

Grief Adjustment

Grief adjustment relates to the emotional aspects of grief work. Just as adults need to experience the pain associated with grief, children need to fully experience and understand the significance of the loss in order to reinvest in life (Smith, 1991). Emotional expression is a key component of grief work and grief adjustment.

Some common emotions and the way they are expressed by children were presented by Hardy (1991). Children in her bereavement groups often complained that they felt different from other children. This commonly occurred due to an inability to concentrate and follow through with school tasks (Hardy, 1991). The children also felt like none of their friends could understand them anymore. Falling behind in their school work and feeling isolated from their friends caused many to feel lonely and to withdraw even more.

Fear is another reaction confronting bereaved children. Children become afraid of losing another important person. They may start to cling to adults, or may regress to previous developmental levels of behavior. Children have also expressed fear of being further pained. They may propose group rules against being hurt by fellow group member, for instance one boy suggested a group rule against laughing at anyone else's feelings. Other emotions include confusion, sadness, disbelief, jealousy, anger, hurt, or shock (Hardy, 1991). These feelings are often displayed in behavioral expressions such as anger, depression, acting out, or the appearance that nothing has happened and that they are not affected at all (Schaefer, 1987).

Behavioral Reactions

Children's emotions are closely linked to behaviors. They have a tendency to act out their feelings due, in part, to their lack of verbal communication skills (McGarry, 1991). Some of the behaviors that have been observed in children include physical reactions, somatic reactions, and behavioral reactions.

Physical symptoms include separation difficulties, sleep disturbances, eating disturbances, and nightmares (Masur, 1991). The physical symptoms occur most commonly in the initial period of time following the death, but have also been noted in later reactions.

In the school setting, bereaved children have additional complications that affect their learning. They have demonstrated poor concentration and a difficulty in completing required tasks (Hardy, 1991; Masterman & Reams, 1988). Socially, they have shown problems interacting with peers. Bereaved children may react aggressively on one occasion and at other times appear to withdraw from peer interactions (Balk, 1983).

Birenbaum et al. (1989) performed a study to determine children's behavioral responses to the death of a sibling. Using the Child Behavior Checklist (CBCL), they compared bereaved students with nonbereaved students and found significantly higher levels of behavior problems, with a decease in social competence. The problem behaviors included acting withdrawn, depressed, uncommunicative, hyperactive, aggressive, and expressing somatic complaints.

Masterman and Reams (1988) observed many reactions among the children they worked with in bereavement support groups. Two of the most common emotions expressed by the children were anger and fear. They found that these emotions were most often expressed in behavioral problems at school; refusal to go to school, nightmares, and regressive behaviors in regard to normal development.

Behaviors are often symptoms of deeper issues in children (McGarry, 1991). Adults need to watch the behavioral reactions of bereaved children to be able to understand their needs. The underlying needs have to be met in order for problematic behaviors to dissipate. The way to meet those needs is to facilitate the grieving process.

Anxiety

Anxiety is another common emotion experienced during bereavement which affects behaviors. Much of the death related literature and research has focused on the topics of

anxiety, fear, and attitudes regarding death (Neimeyer, 1988). The anxiety experienced during bereavement can create various problems and can have profound, lifelong effects.

Generalized anxiety stems from many factors. Shuchter and Zisook (1993) described anxiety in the form of free-floating waves or time-limited panic states. The anxiety was derived from intense insecurity and fear over the loss of the loved one. Other sources of anxiety are related to secondary loss situations. These include financial loss, the loss of social ties, the change in identity related to the loss, and loss of security associated with the deceased (Parkes, 1988).

Separation anxiety was extensively studied by Bowlby (1981) in relation to grief. He postulated that the normal anxiety from being separated from a loved object was extended to a death situation. Unfortunately, the normal attachment responses (such as exessive crying and pushing away from current caregiver in favor of the primary caregiver) that were considered adaptive in retrieving the loved object, were considered maladaptive in the instance of loss due to death. The futility of these attachment responses created greater anxiety and confusion in these instances.

With regard to children, these same sources of anxiety apply and a few additional stressors have been observed. Children, who grow up in the United States, are also subjected to systems of denied death. They are influenced by the lack of communication related to death. Adults often want to shelter children from uncomfortable topics such as death (McGarry, 1991). In these cases, children are also sheltered from the lessons that are learned through death and they are less informed in how to cope with loss.

The death of a loved one creates stress on the family and breaks down the common systems of support within the family (Wright, 1992). Communication between parents and children is often less facilitative during the period of time following the death of a loved one (McGarry, 1991). Some of the other factors include a break from their normal routine at home, lack of support from their family, and confusion due to the lack of direct information they receive about the death.

Silverman (1987) found that some children, who have experienced the death of a loved one, have developed a fear of physicians, nurses, or hospitals. They have also been found to react with feelings of guilt, believing that they were responsible for the death or that they should have died instead. A death may affect their self-esteem, confidence, and willingness to seek out adventure.

When working with children on bereavement issues, there are a few factors to consider. Children's grief work may be hindered by limitations in verbal expression, the perceived lack of peer support, and the limitations of support in the home. Unfortunately, even with the information about children's grief reaction, little has been written regarding interventions with children that may help prevent complication in their grief resolution.

Bereavement Interventions

Parkes (1980) reviewed bereavement counseling interventions which were professional services, professionally supported volunteer services, and self-help services. In general, he found that the interventions were "capable of reducing the risk of psychiatric and psychosomatic disorders resulting from bereavement" (p. 6).

All three types of interventions were especially beneficial for individuals at special risk, such as those who have an inadequate support system. Although not every person is in need of professional help, the needs that were met by these services included the opportunity to express grief, reassurance about the normality of their reactions, the chance to explore their present life situation, and to start discovering a new direction. Both the permission to grieve and the permission to stop grieving were needed (Parkes, 1980).

The goal of bereavement counseling is to help the client integrate the loss and emerge with a stronger, and possibly more mature, sense of self (Barbato & Irwin, 1992). These goals can be accomplished through the tasks of helping the individual feel the pain associated with the loss, express the emotions associated with the loss, and find a new way to meet the needs that were previously met by the deceased.

Barbato and Irwin (1992) suggest that counseling with bereaved persons should take an eclectic approach because of the divergent nature of the needs. Based on the above tasks, the following models of counseling will be utilized. In order to deal effectively with the emotional release, client-centered and techniques in Gestalt Psychology will be utilized. In order to deal with the need to find new methods of meeting unmet needs, behavioral and cognitive theories will be utilized.

When working with children in the school setting, counseling will be in the form of a preventative/developmental approach. The children seen in the bereavement groups will still be within their first year of bereavement. Therefore, the issues addressed will focus on the normal grief tasks suggested by several researchers and therapists (Braza, 1991; Furman, 1984; Worton, 1982). The children will be helped to understand and accept the reality of the death in concrete terms. They will be encouraged to express their emotions related to the loss. They will be provided with skills and practice for dealing effectively with difficult situations. Finally, they will be helped to reestablish a support system outside of the group.

Group Work

In the 1960s, counseling expanded from individual to group work in the form of encounter groups (Lieberman, Yalom, & Miles, 1973). Since the onset of group counseling, many of the dynamics of the group structure, the process of group formations and working phases, the effectiveness of various types of group leaders, the variation of groups' fuctions, and the population of group members have all been studied and widely discussed.

Among these various functions and styles are some variables that are applicable to the current study. Two of the variables consist of the groups fuction as a support group and the population involving children. Bergin (1993) discussed these factors in his article on group counseling with children. He suggested that these groups are designed to help participants who are having a difficult time due to a particular situation in their lives rather

than developmental growth. All of the participants in this type of group counseling share negative feelings and stresses related to the topic.

Goals for these types of groups include providing an atmosphere in which the members can understand the issues in more depth, to explore and express their feelings, and to identify copying stategies for dealing with the situation (Bergin, 1993). An additional advantage of particiapation in these groups is the opportunity to provide and accept peer support, since all of the students share the same problem.

In working with children, Oaklander (1988) has found that the small group setting has several advantages. She suggested that the group setting was beneficial in helping children learn from one another. She advised to keep the number of children between four and six when working with young children. Young children need more help in activities and demand more active attention from the group leaders.

Bereavement groups are one form of topic-specific groups that have been helpful to adults as well as children. Older bereaved spouses were benefited throught the use of self-help support groups. The greatest value of the groups with these adults appeared to be that they kept the participants active and provided emotional support (Lund & Caserta, 1992).

Bereavement counseling in the group setting has also been found to be a source for empowering the adults to take charge of their lives (Lagrand, 1991). The leader and members of the groups were able to help the bereaved adults understand that their reactions were normal, provided them with a safe environment for expressing emotions, and educated them in ways of coping with the loss.

With regard to children, Zambelli and DeRosa (1992) reviewed the literature related to bereavement support groups. They found that the groups are typically short-term and are aimed at helping the children cope with the death. Common group techniques include art work, game playing, therapeutic stories, role playing, and discussion. The groups often focus on topics such as reactions to death, funeral services, self and family changes, denial of death, and fears about the future.

Braza (1991) found that grief support groups for children not only offer children permission to grieve, but also were a form of preventative medicine. When children are able to experience their pain in a loving, supportive, nonjudgmental atmosphere, they are less likely to carry unresolved grief issues with them into adolescence and adulthood (Braza, 1991).

One famous and successful example of support groups with bereaved children is the Dougy Center. It is a nonprofit organization that serves bereaved children. At the center, volunteer facilitators work with bereaved children in small groups. The children are encouraged to express their grief through a variety of play materials in a supportive and controlled environment (Smith, 1991).

Bereavement support groups were designed by Masterman and Reams (1988) and utilized in work with preschool and school-aged bereaved children. The children in their groups varied from a few weeks to several years in length of time since the death. The groups met for one hour, once a week, for eight weeks. Although, the group met for an hour, only 25 minutes were actually spent on bereavement activities.

The age range of children in the school-aged groups was great (6 to 17 years), yet the leaders found that all of the children were able to express their emotions and grief adjustment. The children simply used varying levels of insight and complexity to express themselves. The number of children per group was six to ten. The age range of children in the preschool group was between 3 and 6 years. These groups were limited to no more than six children, with four or five being optimal (Masterman & Reams, 1988).

Masterman and Reams (1988) found these groups to provide peer support, education, and facilitation of normal grief. From their observations, they found that the children appeared less constricted and angry and seemed more able to understand and cope with their emotional reactions. The children's parents reported fewer behavioral problems at home and school, and increased communication between themselves and their children. Although reports in the literature have begun to describe the beneficial aspects of

bereavement interventions with children, little has been empirically established about the efficacy of counseling interventions or support groups (Zambelli & DeRosa, 1992).

Drawing and Art Work

Drawing and other forms of artwork have been widely used in counseling with bereaved and dying clients. Drawing can be a vehicle for the child to communicate feelings, questions, and knowledge. A facilitator can learn a great deal from asking questions derived from children's artwork that would otherwise be unobtainable for discussion (Ryerson, 1977).

Irwin (1991) reviewed the advantages and uses of clients' drawings in bereavement counseling. He discussed four types of functions of the use of art in bereavement therapy: cathartic, reflective, analytic, and diagnostic. Two of these functions (cathartic and reflective) will be addressed in greater detail for this study.

The cathartic use of drawings in bereavement counseling is derived from the belief that underlying emotion of grief should be brought to the surface of consciousness and expressed or experienced fully by the bereaved (addressed above as "grief work"). Irwin further explained that if blocked from expression, the client's grief may unnecessarily be prolonged, possibly to the point of becoming pathological. In the case of an inhibited or nonverbal client, drawings can aid in facilitation of this grief work.

The various ways that emotions can be expressed in drawings include (a) the literal subject matter of a drawing may be the emotional indicator, for instance the depiction of a funeral or person placing flowers on a grave; (b) the depiction of bereavement themes in metaphorical or symbolic form, for instance a child drawing a picture of a monster to denote their fear of death; (c) the use of color, for instance, black to depict mourning or red to depict anger (colors are especially dependent upon cultural norms); and (d) the amount of pressure used to draw, for instance heavy marks indicating intense emotion, while light marks may indicate hidden or avoided emotions; as well as various other features in relation to shape, size, organization, and barriers. Throughout each of these cathartic drawings, no

emphasis is placed on understanding the emotions evoked, rather, that the creative act enabled some catharsis (Irwin, 1991).

The element of understanding is a component of reflective use of clients' drawings. The reflective function of drawing in bereavement counseling is embedded in the clients' need to put grief issues into words and to share the words with an empathetic listener. Therefore, once the client has completed a drawing the counselor should encourage the client to talk about the picture and the feelings expressed in it. This can be accomplished because the client is less inhibited by talking about the picture, issues will emerge that might otherwise be avoided, and the client feels more control over the issues that are addressed (Irwin, 1991).

A facilitator who notices parts of the drawing that stand out or are omitted, may then want to question the child about subject. One method of questioning is to have the child personify that aspect of the picture. This can be done by simply asking the child to tell you what that part of the picture might be feeling or thinking (Bertoia & Allan, 1988). This procedure helps the child identify with the message he or she has evoked in the drawing and make a personal investment in the feeling or thought (Oaklander, 1988).

Drawings are especially beneficial in working with young children because of their limited verbal skills (Irwin, 1991). The drawings also help when working with children because the drawings represent abstract thoughts in concrete images that children can more easily understand and talk about (Wadson, 1980). Finally, young children often use the medium of art, and therefore, are usually comfortable with the use of drawing in counseling. A caution was given by Rabiger (1990) that at times art therapy may be bewildering and destructive for children who do not understand it. If the counselor is sensitive to the client's body language and follows his or her lead (Irwin, 1991), drawings can contribute substantially to the expression, containment, and resolution of grief.

In art therapy, children can draw pictures and write letters to or about the person who died. The pictures and letters may be stimulated from discussion held during group

time or can derive from the child's own grief situation. Braza (1991) discusses the benefits of allowing the children to construct a "memory book." She states that it is a structured way for children to talk about the person who died, that the book is a helpful reference and stimulus for future use, that it is a personal way for the child the express unfinished business, and that it can be a means for allowing the child "permission" to grieve outside the support group by being shared with others.

Art work can be a nonthreatening therapeutic method for dealing with grief. Mango (1992) presented a case study of a woman with Alzheimer's disease who worked through her death issues in art therapy. She was able to spontaneously create metaphors of loss.

Bibliotherapy

Reading stories in the counseling setting provides a framework for discussion that would be more difficult to obtain otherwise. Wilder (1980) suggested reading stories to facilitate discussion and exploration of feelings related to death. When reading stories to young students, a facilitator may find it helpful to pause periodically to allow students to make a comment or ask a question. Allowing time afterwards is also helpful in stimulating discussion of ideas and themes (Ryerson, 1977).

Bibliotherapy does not necessarily mean reading from a book. The same advantages can be found in a multitude of materials. Smilansky (1987) found that a series of poems depicting bereavement situations helped stimulate students to discuss feelings and responses related to their grief. York and Weinstein (1981) found a similar facilitation of grief work stimulated by a videotape related to a death situation.

Creative Dramatics

Creative dramatics can be useful in helping children safely express and explore their feelings of grief, relieve anxiety, and practice difficult situations (Carter, 1987). Puppets and role playing helps the children by allowing them to work through their anxieties in a safe, relatively nonconfrontive way. As well as decreasing anxiety, it can help them learn empathy by introducing them to a variety of different feelings through

acting in several roles (Wilder, 1980). When using creative dramatics with young children, structuring the roles and scenarios helps provide a smooth flow of acting (Ryerson, 1977).

Writing

Lattanzi and Hale (1984) discussed the benefits of writing during bereavement. "Giving grief words" can be used as a means of expressing feelings and can provide a valuable retrospective look at the growth the individual has experienced since the death of a significant person. Written words can also be a source of comfort for future reference during periods of intense grief, as in anniversary reactions (Lattanzi & Hale, 1984).

Memorial Services

An interview study of children's understanding of funeral rituals found that the funeral meets similar needs in children as it does in adults. At a 2-year follow-up interview, the children reported that the funeral helped them acknowledge the death, honor the life of the deceased, and provided them with support and comfort (Silverman & Worden, 1992).

Memorial services can provide similar functions for bereaved people as funerals. An added advantage of memorial services is the flexibility on when they can occur. Funerals are often performed soon after the death because they include burial of the body. Unfortunately, bereaved individuals are sometimes still in a state of denial and therefore cannot fully benefit from the service (McGarry, 1991). On the other hand, a memorial service can be performed at any time following the death and in any place.

Arena, Hermann, and Hoffman (1984) provided a memorial service at their school following the death of a fellow student. They found both the planning of the memorial service and the implementation of the service to be a beneficial process in helping the bereaved students work through their grief.

Masterman and Reams (1988) used a discussion of funeral/memorial services and burial/cremation arrangements in their support groups with bereaved children. They

suggested that this is important in helping children with their fears and misunderstanding regarding these rituals.

Support Systems

The availability of a support system has been found to be one of the greatest factors in grief resolution (Stylianos & Vachon, 1993). The bereavement group is one form of support for the children, but they also need to have continued support once the group ends. Helping children write down a list of supportive people to talk to and discussing ways of talking to them will help them during the new periods of time around the anniversary of the death, as well as any other stressful times. Also, keeping the bereaved students' families involved will increase their chances for satisfactory grief resolution (Schaefer, 1987).

Summary

A bereaved person is someone who has lost a significant person in their life due to death. Bereaved people express their loss through a complex emotional and physical reaction called grief. Grief reactions are perceived to be a normal occurrence in all bereaved individuals. Although this process is normal, it creates a large disruption in everyday functioning.

In order to resolve the problems and disruptions caused by the death, the bereaved individual needs to work through his or her grief. Grief work requires the bereaved to divert most of their energy into the pain of letting go of the emotional bond to the deceased, and reinvesting energy into new relationships. The length and intensity of the grief reaction depends on the circumstances surrounding the death and in the life of the bereaved. When individuals do not engage in or prolong the process of grief work, complications arise.

Young children are at risk for complication in the grieving process for several reasons. Developmentally, they are immature in their understanding of death and the issues involved with death. They are also limited in their understanding of the circumstances surrounding the death because adults tend to want to shelter them. Additionally, they have difficulty communicating their concerns due to lack of verbal skills. Therefore, with

children, their grief is often manifested in their behaviors and they may be overlooked in terms of their need to fully express their grief. Children may need additional help to alleviate their anxiety, control their behaviors, and aid in their emotional grief adjustment.

Several authors describe interventions designed to help young children with their grief work. Small groups provide support, the opportunity for emotional expression, an arena for practicing acceptable responses of grief, and clarification of misconceptions of death and bereavement. Art, bibliotherapy, creative dramatics, and writing have all been used in counseling with bereaved people. Unfortunately, no systematic studies that compare experimental and control groups on the effectiveness of bereavement support groups have been performed, either in the schools or in any other establishment.

CHAPTER 3
METHODOLOGY

The principal researcher of this study investigated the effectiveness of bereavement support groups with children ages 5-11 years who were grieving the loss of a significant person in their lives. The counseling consisted of eight small-group sessions in elementary schools located in the state of Florida. Treatment and control groups were used for comparison purposes to study the bereavement unit's effect on grief adjustment, levels of anxiety, and classroom behaviors.

The Research Design

A repeated measures, crossed factorial design was used in this study. Pretest and posttest scores were used for the repeated measures, and the two factors consisted of treatment (with two levels consisting of treatment and control groups) and school (with 11 schools as levels). Treatment was an active factor while school was an assigned factor (Huck, Cormier, & Bounds, 1979).

Several sources of internal variance are control by this design. The control group eliminated sources of variance associated with history, maturation, and testing (Huck, et al., 1974). The crossed design, with random assignment of groups within each school to either the treatment group or the control group, helped control for selection and regression to the mean as possible sources of variance (Campbell & Stanley, 1966). The use of the same instruments for measuring the dependent variables during pre and posttesting helped reduce the amount of variance associated with instrumentation (Huck et al., 1974). Mortality, in the form of children leaving the study for various reasons, continues to be a possible source of variability, but according to Campbell and Stanley (1966) the use of the control group and repeated measures permits the researcher to determine if it is a plausible explanation for outcomes.

There were limitations of this design in the form of external validity. External validity problems affect the researcher's ability to generalize the results to situations outside the parameters of the study. These problems may be due to an interaction effect between the treatment and the pretest, the treatment and selection (due to the volunteer sampling of counselors), or simply the subjects' knowledge of participation in the study. Although problems of generalizability are serious, Campbell and Stanley (1966) caution the researcher not to jeopardize internal validity in favor of external validity.

Population and Sample

The Population for the Study

The population for this study consisted of Florida elementary school students in kindergarten through fifth grade who had experienced the loss of a significant person in their lives due to death. More specifically, the population included bereaved elementary school-age students, as identified by teachers and counselors and recommended by parents, who attended public elementary schools in Florida. The sample was limited to students for whom the loss occurred within one year of the study, but also were not within the first month of bereavement.

The Sample for the Study

The sample included bereaved students from four Florida counties: Alachua, Marion, Orange, and Putnam. These counties had a combined total of approximately 140 elementary schools. Invitations to participate in the study were distributed to the schools through each county's district office of student services. Eleven elementary schools comprised the base sample for the study. Each of these schools had between 6-12 students in grade K-5 who have experienced the death of a significant person in their lives in the last year.

School counselors in each of the participating schools were asked to help identify bereaved students (grades K-5) and coordinate the study in their respective schools. Using a simple checklist of questions (see research packet, Checklist of Student Need for the

Study, Appendix A), primary grade teachers and counselors used their experience and knowledge to identify and recommend students for the study. Once the students were identified, they were randomly assigned to treatment and control groups.

Random Assignment of Bereaved Students

The 69 bereaved students were randomly assigned to one of two experimental groups within each of the participating elementary schools (n = 11). One group (E1) serving as the treatment group, received the bereavement unit. The other group (C1), serving as a control, did not receive the unit. A minimum of three students and no more than six students were participated in each group. Assignment of students to the groups was decided by a table of random numbers (see research packet, Table of Random Numbers, Appendix A). Thus, combined within the 11 schools were 35 students receiving the unit in the E1 group and 34 students in the C1 group. Approximately half of the students were female and half were male. They ranged in age from 5 to 11 years and were racially comprised of White (52), Black (11), Asian (4), and Hispanic (2). Participants in the control groups received counselor attention following the completion of the study.

Participating Counselors

Elementary school counselors coordinated the study in their respective schools. Twenty-one school counselors attended a 2-hour, county staff development workshop provided by the researcher in order to learn about the study and childhood bereavement. Procedures for identifying bereaved students (K-5), assignment to experimental groups, administration of the bereavement unit, and data collection were discussed. Only 11 of the 21 counselors participated in the study due to difficulty finding enough bereaved students or to unforeseen complications in their school.

The following demographic information is provided regarding the participating counselors. Nine of the counselors were female and two were male. Racially, the group was composed of nine White counselors, one Black counselor and one Hispanic counselor. Their education consisted of five Masters degrees, five Specialist in Education degrees, and

one Doctorate of Philosophy degree. The counselors' average years of counseling experience was 9.27 with a range from 3 to 16.

Each of the participating counselors received a research packet of information (Appendix A) that outlined the study and the research procedures to be followed in their schools. They also received a group facilitator's manual for the bereavement unit that outlined the objectives, activities, general procedures, and specific tasks for each of the eight counseling sessions. A summary statement and helpful hints for each session were provided.

At the training workshop, the counselors participated in a short experiential activity that helped sensitize them to their own issues related to death, as well as any issues they might have in regard to working with bereaved children. After the activity, the counselors learned about issues related to children and death through a lecture/discussion format. The issues consisted of children's concepts of death and their reactions to bereavement situations (Appendix B).

Following the workshop, the participating counselors returned to their schools and proceeded with the study. Through a system of mailed Notice of Completion letters, the researcher monitored the progress of the study within each school (see research packet, Notice of Completion, Appendix A). The following check points were used as benchmarks for each counselor: (a) satisfactory completion of the workshop and receipt of the research packet; (b) selection and randomized assignment of students to experimental (E1) and control (C1) groups in the respective schools, including parent informed consent forms on file; (c) administration of the pretests; (d) administration of the bereavement unit; and (e) administration of the posttests and collection of the data.

The researcher and/or county level assistants were available to consult and provide assistance to any counselor implementing the research procedures and the bereavement unit. The staff development and training workshops for school counselors were held

between December 1993 and February 1994. All research procedures were concluded during the spring semester of 1994.

Hypotheses

There were three dependent variables in this study: grief adjustment, level of anxiety, and classroom behavior problems. An analysis of variance ($p < .05$) was used to determine whether measured differences between treatment and control groups were greater than might occur through chance.

The following null hypotheses were tested:

H1: There will be no significant difference ($p < .05$) between the treatment and control groups in terms of emotional grief adjustment.

H2: There will be no significant difference ($p < .05$) between the treatment and control groups in terms of level of anxiety.

H3: There will be no significant difference ($p < .05$) between the treatment and control groups in terms of classroom behavior problems.

H4: There will be no significant interaction between school and group membership in relation to the dependent variables: emotional grief adjustment, levels of anxiety, and classroom behavior problems.

Experimental Group Procedures

The goals and objectives designed by Braza (1991) in her work with children's bereavement support groups were also used in this study. These objectives include the opportunity (a) for bereaved children to meet other children who are experiencing the same pain of loss, (b) to provide information about normal, healthy grief, (c) to provide the skills necessary for healthy expression of the feelings of grief, (d) to provide a safe and supportive environment to express feelings of grief, and (e) to help the students reestablish support outside of the group.

Precounseling: Preparation

Counselors in each of the participating elementary schools were given a research packet with a set of procedures (see Appendix A). This packet was also discussed at a county staff development workshop where counselors received training regarding childhood bereavement and delivery of the bereavement unit (see Appendix B).

In general, the counselors in each school asked classroom teachers to provide a list of students who have experienced the death of a significant person in their lives. The counselors, in turn, used the provided Parental Informed Consent form (see research packet, Appendix A) to contact the students' parents and describe the bereavement unit to them. They outlined the research procedures and requested consent to include the students in the study. Participating bereaved students were then randomly assigned to either of the groups (E1 or C1).

Teachers completed the pretest instrument, the Teacher Report Form, one week prior to the administration of the first session of the bereavement unit for each of the participating students (E1 and C1). During the same time period, the counselor met individually with each student (E1 and C1) to administer the other two instruments, the Children's Inventory of Emotional Grief Adjustment and the State-Trait Anxiety Inventory for Children. The instruments were read aloud by the counselor and the students' responses were recorded on the instrument forms. Upon completion of the pretesting, students in the experimental group were alerted to the beginning of the bereavement group. All directions for pretesting were included in the research packet (see Appendix A).

The Bereavement Unit

The bereavement unit was designed for students in kindergarten through fifth grade. It consists of eight, one-half hour sessions. The sessions included activities and discussions intended to help children explore and express the grief issues that effect their classroom behaviors, personal anxiety and grief adjustment. The activities incorporated

drawing, bibliotherapy, writing, and a memorial ceremony. Each counselor was equipped with a detailed facilitator's manual. The following is a brief description of each session.

Session One: Remembering the Deceased. In the first session, the students were informed of the purpose of the group and the method for their being picked for the group. The students were asked to share some personal information to help establish rapport. A short lesson on a feeling words vocabulary was given. Finally, the students were asked to identify the significant person who has died and to draw a picture of the deceased individual. This exercise was used to help the young students firmly identify the deceased in their minds as the object of work for the group. The counselor used these pictures at the beginning of the next session as a reminder.

Session Two: The Grieving Process. In the second session, the counselor led a discussion about death and bereavement. This exercise was intended to help the counselor gain an understanding of each student's awareness of death issues and to acknowledge any cultural differences among the students. Next, the counselor led a short lesson about the grieving process. This exercise explained the notion of grief work and established the precedent for exploring and expressing emotional reactions to death.

Session Three: Special Memories. In the third session, the facilitator read the book, "A Time For Remembering." A discussion of the book helped facilitate the students' understanding of the importance of keeping alive special memories of the deceased. The students then drew pictures of some special memories and they were placed in a memorial book for each child.

Session Four: Dealing with Grief. In the fourth session, the students role-played difficult situations related to the death and their bereavement. This exercise helped reduce their anxiety and provided them with some skills for effectively handling difficult situations.

Session Five: Dealing with Unpleasant Feelings and Change. In the fifth session, the facilitator led a discussion about the unpleasant aspects of grief. The students drew pictures of times they were angry at the deceased individuals. The students also explored

change by drawing pictures of things that have changed and things that have stayed the same since the death.

Session Six: The Memorial Service. In the sixth session, the facilitator introduced the idea that their grief will continue throughout their lives in the form of anniversary reactions. The facilitator then led a discussion about memorial services and explained that the group will perform a memorial service as a celebration of the time each student spent with the deceased before their deaths. The group then planned the memorial service for their loved ones to occur during group time. The time used for planning permitted the students an additional opportunity for expressing concerns and for emotional release. Parents and/or guardians were invited in order to reestablish support for the students outside of the group.

Session Seven: A Time of Celebration. Session seven consisted of a memorial service. The service began with a discussion of death. The students shared objects, pictures, and memorial books. Parents/guardians were also invited to share. The group then celebrated the lives of the deceased individuals by eating cake and listening to music.

Session Eight: Continuing Support. In the final session, the group completed a support system handout that helped them know where to seek help outside of the group. The facilitator led a discussion of what each student has learned and what has been most helpful. Positive memories of group activities were also shared among the group member.

Postintervention

Upon completion of the group, the facilitator administered the posttest instruments by following the procedures indicated for the pretest measures. The facilitator also gave the appropriate posttest instruments to the teachers. All posttest instruments were completed within one week of termination of the intervention.

Control Group Procedures

The control group members were pretested one week prior to the beginning of the bereavement intervention. The students in this group did not receive the intervention.

After completion of the bereavement unit with the experimental group, the control group members were posttested. Once both groups had been pretested and posttested, counseling services were provided for the control group members by the group facilitators.

Dependent Measures

Three dependent measures were used to assess the students' levels of personal-anxiety, classroom behavior problems, and emotional adjustment to the loss. Assorted descriptive variables were also obtained using a questionnaire of general information.

General Information Questionnaire

The General Information Questionnaire was used as a pretest measure to obtain information about the child in relation to the death. The child's parent or guardian provided information pertaining to this questionnaire. The information was used to describe and categorize the students. Information obtained included the child's present age, grade in school, gender, ethnicity, date of the death, and indication of the child's relationship to the deceased. This questionnaire is included in the research packet (see Appendix A).

Children's Inventory of Emotional Grief Adjustment

There are no satisfactory measures of grief adjustment in children. The only two instruments available for use with adults are the Texas Revised Inventory of Grief and The Grief Experience Inventory (Hansson, Carpenter, & Fairchild, 1993). The Texas Revised Inventory of Grief (TRIG) was designed by Faschingbauer, Zisook, and DeVaul in 1987. The TRIG is a multidimensional instrument designed to determine the status of grief recovery with regard to level of functioning, movement toward solution, acceptance of the loss, attitude toward the future, health, anxiety/depression, guilt/rage, self-evaluation, and resilience.

The TRIG is designed as self-report inventory that consists of two subscales. One subscale contains 8 items and concerns feelings and actions that occurred at the time of the death. Examples of the constructs include the extent to which the death affected the person's emotions, activities, and relationships. The second subscale contains 13 items

and focuses on present feelings related to the death. The present feelings include continuing emotional distress, lack of acceptance, rumination, and painful memories.

The Grief Experience Inventory (GEI) was developed in 1985 by Sanders, Mauger, and Strong. It contains 135 items designed to evaluate grief on a multidimensional level. A profile is derived based on nine dimensions of grief reactions. These include despair, anger/hostility, guilt, social isolation, loss of control, rumination, depersonalization, somatization, and death anxiety.

Neither is appropriate for use with children. Even if the instruments were read to the students, the language and concepts are too difficult for most young children to understand. In a review of assessment measures for use with young children, Prichard and Epting (1992) found no objective measures for assessing children's emotional adjustment during the grief process. Therefore, the researcher designed an instrument for use with young children to ascertain their level of emotional grief adjustment: The Children's Inventory of Emotional Grief Adjustment (CIEGA).

The CIEGA is a 16-item survey designed to elicit the children's emotional reaction to the death during bereavement. The items are presented on a five-point, likert-type scale that consist of all of the time, a lot of the time, sometimes, not much of the time, and never. A total score is used to indicate a child's overall emotional grief adjustment. The items should be administered individually by reading each item aloud to the child while recording his/her responses on the form. See Appendix C for a copy of this instrument.

Face and content validity were established by a panel of experts in the field of dying and bereavement, and by teachers of primary age students. Each member of the team read through the instrument and made suggestions for change. The members then reviewed the completed instrument again for its applicability to young, bereaved children. A preliminary study was performed with 10 children ranging in age from 5 to 9 years, in order to determine test-retest reliability. The CIEGA was administered to each child twice with a 1-week interval. The reliability coefficient was .63 for this sample.

State-Trait Anxiety Inventory for Children

The State-Trait Anxiety Inventory for Children (STAIC) was developed by Charles Spielberger in collaboration with Edwards, Lushene, Montuori, and Platzek in 1973. The STAIC is a downward extension of the State-Trait Anxiety Inventory (for adults) that was developed in 1970 by Spielberger, Gorsuch, and Lushene. It was initially designed for use as a research tool for investigating anxiety in elementary children. There are two forms of the scale; one for measuring state-anxiety (A-state) and another for measuring trait-anxiety (A-trait). The A-state form was used in this research due to its usefulness in determining transitory anxiety experienced by children.

The A-state scale is a self-report measure. It was originally designed for use with fourth through sixth grade students, but can be administered to children as young as kindergarten, if the items are read aloud to the children (Hedl & Papay, 1982; Papay & Spielberger, 1986). The A-State form has 20 items designed to evaluate anxiety levels at the moment of testing. Each item begins with the words, "I feel . . ." and then has three answer options. For example, item 6 is worded, "I feel . . . very rested, rested, not rested." Item 7 is worded, "I feel . . . very scared, scared, not scared."

Reliability measures produced internal consistency coefficients for the A-state of .82 for males and .87 for females. The coefficients for A-trait are .78 and .81, respectively. Test-retest coefficients for A-state are .31 for males and .47 for females, while A-trait are .65 and .71, respectively. The authors of the manual contend that the test-retest reliability is low because of the transitory nature of the measure (Spielberger et al., 1973).

Reliability was measured by Papay and Spielberger (1986) with students in kindergarten through second grade. The sample consisted of 948 kindergarten through second grade students from 30 elementary schools in a large metropolitan school district. In individual testing conditions, internal consistency alpha coefficients were found ranging from .71 to .76, while A-trait coefficients were between .82 and .89, suggesting that the

STAIC can reliably extend downward for children as young as kindergarten. The only requirements are that the instrument be read to the students and individually administered.

Validity in the STAIC indicates that for each item, the A-state score is higher under test conditions than in normal conditions. This difference provides evidence for construct validity. The A-trait score has been compared to the Children's Manifest Anxiety Scale (CMAS) and the General Anxiety Scale for Children (GASC) to determine construct validity. A-trait correlations were .75 with the CMAS and .63 with the GASC. Correlations with nonanxiety score show that the A-trait is not a good predictor of either aptitude nor achievement.

Validity for children in kindergarten through third grade has been established by Papay, Costello, Hedl, and Spielberger (1975); Papay and Hedl (1978); and Hedl and Papay (1982). Construct validity with students in these primary grades were found to be similar to the findings with older students. Factor analyses of 1,786 Black students in kindergarten through fourth grade yielded consistent results as found in previous studies with older students (Hedl & Papay, 1982).

A total score of A-state anxiety is used to determine a child's level of transitory anxiety. Since it was originally normed for children in grades four through six, the manual only provides separate norm tables for this population based on grade and score. More recently, research has been performed to test the STAIC on younger children (Gates, Lineberger, Crockett, & Hubbard, 1986; Hazzard, Webb, Kleemeier, Angert, & Pohl, 1991; Hedl & Papay, 1982; Papay & Spielberger, 1986; Ragen & Hiebert, 1987). A norm table was presented by Papay and Spielberger (1986) for children in kindergarten through second grade.

Teacher Report Form

The Teacher Report Form (TRF) of the Child Behavior Checklist (CBCL) was constructed in 1986 by Achenbach and Edelbrock. It is designed for use with children age

6 through 16 years. The purpose of the instrument is to provide standardized descriptions of students' behavior.

The TRF is a teacher-administered instrument to be filled out by the student's teacher. It consists of 118 items and takes about 15-20 minutes to fill out. Each item is scored on a scale from 0 to 2; with 0 = not true, 1 = somewhat or sometimes true, and 3 = very true or often true. Some examples of items found within this instrument are: Item 1. "Acts too young for his/her age." 1 2 3. Item 17: "Daydreams or gets lost in his/her thoughts." 1 2 3. Item 37: "Gets in many fights." 1 2 3.

The instrument has two separately constructed scoring profiles for children 6-11 and 12-16 years of age. The scoring profiles were derived using factor analyses of TRFs completed on 1,800 children referred to mental health services in the eastern United States. Eight descriptive scales were identified: Anxious, Social Withdrawal, Depressed, Unpopular, Self-Destructive, Inattentive, Nervous/Overactive, and Aggressive.

Reports about reliability, validity, and national norms are available in the latest users manual (Achenbach, 1991). Several tests of reliability have been performed over the years. Test-retest reliabilities by teachers regarding 44 students was .92 with an average of a 15-day interval. Interrater reliability was .57 between teachers and teacher aides of 635 special education students. Reliability between teachers of separate class was .60 for 207 students who were referred for evaluation. Stability over 2 and 4 months was .78 and .60, respectively, for 19 boys referred because of behavioral/emotional problems.

Content, construct, and criterion-related validity were also reported in the TRF manual (Achenbach, 1991). Content validity was established because the TRF was designed using most of the same questions in the Child Behavior Checklist. The additional school-based items were derived from other teacher rating forms and then field-tested with teachers.

The TRF has concurrent validity with the Connors Revised Teacher Rating Scale (Goyette, Conners, & Ulrich, 1978). The correlation coefficients for different subscales

ranged from .63 to .83 between these scales. Some of the closely related subscales were between the subscales on the TRF labeled Aggressive, Nervous/Overactive, and Inattentive and the subscales on the CRTRS labeled Conduct Disorder, Hyperactivity, and Inattentive/Passive.

Criterion-related validity was derived using the criteria of being referred for special education programs versus nonreferred students. The ratings of 1,275 students referred for special programs and 1,275 nonreferred students were carefully matched based on gender, age, SES and ethnicity. The referred students obtained significantly higher scores of the problems scales than the nonreferred students.

Normative data are also available in the latest TRF manual (Achenbach, 1991). Tables for males and females are available for ages 5-11 and 12-16 years. The norms were based on 1,613 students who ranged in age from 5-18. Subjects were chosen to represent the 48 contiguous states with respect to socioeconomic status, ethnicity, region, and urban-suburban-rural residence. A Total Sum Score (TSS) of the internalizing and externalizing behaviors can be derived to determine the amount of classroom problems exhibited by each student.

The CBCL has been used in two studies of bereaved children (Birenbaum et al., 1989; McCown & Pratt, 1985). Both studies focused on bereaved siblings and both studies found significantly more behavior problems among bereaved students compared to nonbereaved students. In the case of repeated measurements over time, the Internalizing Problem Behaviors were found to differ significantly after the loss. The age range of children found to have the highest rate of behavior problems was associated with children age 6 through 11 years.

Counselor's Survey

Following completion of the bereavement unit and the collection of the data, participating counselors were asked to fill out a short survey of their impressions of the bereavement unit. The survey consisted of six questions, answered on a Likert scale from

1-Disagree, 2-Somewhat disagree, 3-Neither agree or disagree, 4-Somewhat agree, and 5-Agree. The questions were as follows:

1. The bereavement unit was easy to implement.
2. The facilitator's manual was easy to follow.
3. The bereavement unit helped the students' grief adjustment.
4. The bereavement unit helped decrease the students' behavior problems.
5. The bereavement unit helped decrease the students' levels of anxiety.
6. I would use this bereavement unit again and recommend it to others.

The information derived from this survey was collected to provide additional information regarding the unit. The descriptive results are reported in Chapter 5 within the section "Additional Findings."

Data Collection

The data were collected under the following guidelines. Each pretest and posttest packet was individually numbered by the principal researcher prior to the training session. Each number was matched to the students' names on a master list. In order to insure confidentiality, no other identification was kept on the students' test materials.

After the training session was administered, the counselors identified and randomly placed students into experimental and control groups within each school. Within each school, the pretest instruments for both the experimental and control groups were given one week prior to beginning the bereavement intervention.

The Teacher Report Form (TRF) of the Child Behavior Checklist was given to each student's teacher with directions for administering it. The A-state version of the State-Trait Anxiety Inventory for Children (STAIC) and the Children's Inventory of Emotional Grief Adjustment (CIEGA) were individually administered to each child separately. The items on each of these instruments were read aloud to the students to ensure their ability to understand the items. After completion of the bereavement unit with the experimental

group, posttest instruments were administered following the same guidelines as during pretesting.

Following posttesting, the counselor organized all of the material and completed a brief evaluation of the bereavement unit. Prepared envelopes were then used to mail the research materials back to the principal investigator.

Data Analyses

The hypotheses were analyzed based on a repeated measures, crossed factorial design. A factorial analysis of variance pertaining to the respective variables and the interaction among the variables was performed.

The analyses of repeated measures using the pre and posttest measures for each of the dependent variable was performed. This analysis helped determine changes across time within the experimental and control groups. The changes from pretest to posttest periods of time were measured on the following dependent variables: Grief adjustment, levels of anxiety, and classroom behaviors.

The design also was completely crossed with a 2 x 11 factorial design. The two factors in this design were treatment and schools. The treatment factor had two levels, participation in the treatment or control group. The school factor had 11 levels consisting of the 11 separate participating schools that housed the treatment groups (Huck et al., 1979).

The crossed aspects of this design helped determine the strength of association between each of the independent variables (and combination of independent variables) and the dependent variables (Shavelson, 1988). Therefore, the researcher was able to determine differences on the dependent variables that occurred between treatment and control groups, and also to determine whether the treatment varied according to the school they attended (Huck et al., 1979).

Analysis of variance of a repeated measures, crossed factorial design was selected to help account for possible effects of the nonessential independent variable on the

dependent variables. In using this type of analysis, the principal investigator believed that the following assumptions were met: (a) observations within sets were mutually independent, (b) variance within the homogeneous sets was approximately equal, and (c) variations within experimentally homogenous sets were from normally distributed populations (Isaac & Michael, 1987).

CHAPTER 4
RESULTS

The purpose of this study was to investigate the effectiveness of small group bereavement counseling with elementary school children who had experienced the death of a significant person in their lives within the last year. Effectiveness was determined through the analysis of the difference between a group of students who received the intervention and a control group of students. The following dependent measures were of interest in the study; classroom behaviors, levels of anxiety, and emotional grief adjustment.

The dependent variables were measured using the Children's Inventory of Emotional Grief Adjustment (CIEGA), the State-Trait Anxiety Inventory for Children (STAIC), and the Teacher Report Form (TRF) of the Child Behavior Checklist. The students' teachers filled out the TRF regarding the children, while both the STAIC and the CIEGA were administered to the students by the counselor in each school.

The analyses of the data are reported in this chapter. Included within the report are descriptive information regarding the students and the counselors, results of the data analyses conducted, tables of summary data, and an explanation of trends and patterns that emerged from the data.

Descriptive Information

Demographics of Students in Study

Data were collected on 69 students from 11 Florida schools. The students ranged in grade from kindergarten through fifth. The various characteristics of the students are reported in Table 1.

There were 35 students in the treatment group and 34 in the control group. Thirty-four of the students were female, while the other 25 were male. The average age of the

student was 8 years, with a range from 5 through 11. Racial make-up of the students was 77% White, 16% Black, 6% Asian, and 3% Hispanic. The range of time since the death of a significant person in the lives of the students was 1 to 11 months.

Table 1
Student Characteristics Reported by Group, Gender, Grade, Race, Age, Relationship Rank, and Date of Death of the Deceased

Characteristics	Demographics					
Group	Treatment = 35	Control = 34	Total = 69			
Gender	Female = 34	Male = 35	Total = 69			
Grade	K-13	1-11	2-8	3-12	1-12	5-13
Race	White = 53	Black = 11	Hispanic = 2	Other = 4		
Age	Average 8 years	Range 5-11 years				
Relationship Rank	Average 11.7	Range 4-15				
Date of Death	Average 4.5 months	Range 1-11 months				

Each student's relationship to the deceased person in his or her life was measured by adding up the likert-type responses of three questions related to the student's relationship to the deceased. The questions were completed by the student's parent on the Student Information Questionnaire (Appendix A). The questions and related likert-type responses were as follows: (1) The student's relationship with the deceased was: Closer than any other relationship; closer than most relationships; about as close as most relationships, not as close as most relationships; and not very close at all. (2) How often did the student see the deceased? Everyday; couple times a week; couple times a month; couple times a year; or less than once a year. (3) How much effect did the death of the deceased have on the student? Has made a clear difference; has made some difference; not certain; has made little difference; or did not make any difference. The various types of

represented relationships along with the average and range of the relationship ranks are reported in Table 2.

Table 2
Listing of Relationships by Type, Number of Students, Average, and Range of Rank

Relationship	Number of Students	Average Ranking	Range of Rank
Mother	4	14.75	14-15
Father	13	13.54	10-15
Grandfather	17	11.88	9-13
Grandmother	13	9.69	6-12
Sibling	2	14.0	14
Great Grandparent	3	10.33	10-11
Aunt or Uncle	8	8.75	4-11
Stepparent	2	12.5	12-13
Cousin	1	15.0	15
Friend	6	13.67	13-14

Mothers, fathers, siblings, and cousins were found to have the greatest relationship rank and constituted approximately 30% of the sample of students. Grandparent deaths were the most common form of loss for the students in the sample, constituting another 43% of the students. The average relationship rank was 10.8 between the students and grandparents. Overall, the average relationship rank was 11.7 and ranged from 4 to 15.

Demographics of Counselors in the Study

Eleven counselors in 11 Florida schools participated in the study. The various characteristics related to the study are presented in Table 3.

Table 3
Counselor Demographics Reported by Gender, Race, Education, and Experience

Characteristics	Findings		
Gender	Female = 9	Male = 2	
Race	White = 9	Black = 1	Hispanic = 1
Education	Masters = 5	Specialist = 5	Doctorate = 1
Experience	Average = 7.5	Range = 3-16	

Eleven counselors in their respective school participated in the study. The group was composed of 9 female and 2 male counselors. There were 9 White counselors, 1 Black counselor, and 1 Hispanic counselor. Their education consisted of 5 Masters degrees, 5 Specialist in Education degrees, and 1 Doctor of Philosophy degree.

Descriptive Information of the Dependent Variables

The mean scores and standard deviations (SD) of the three dependent variables are reported by group (treatment or control) and by testing period (pre or post) in Table 4. The descriptive information on each of the dependent variables is reported by mean scores and standard deviations of each dependent variable within either the treatment (Trt) or control (Ct) group, and across measures of time. A decrease in score on the dependent variables is an indication of more adjustment in relation to grief, a lessening of anxiety, and fewer classroom behavior problems.

Table 4
Mean Scores by Instrument-Group and Testing Period

Instrument-Group	Pretest		Posttest	
	Mean	SD	Mean	SD
CIEGA-Trt	39.14	4.99	37.42	6.94
CIEGA-Ct	42.82	7.38	40.17	7.06
STAIC-Trt	32.20	5.55	30.20	5.74
STAIC-Ct	33.82	7.06	30.52	6.01
TRF-Trt	51.14	7.99	48.74	8.83
TRF-Ct	51.82	10.02	48.91	10.99

Data Analyses

Null Hypothesis #1

H1: There will be no significant difference ($p < .05$) between the treatment and control groups in terms of emotional grief adjustment.

This hypothesis dealt with the differences between the treatment and control groups as measured by the total score on the instrument, Children's Inventory of Emotional Grief Adjustment (CIEGA--Appendix C). The mean total scores on the CIEGA for the students in the treatment group were 39.14 on the pretest and 37.42 on the posttest. Mean scores for the control group were 42.82 for the pretest and 40.17 on the posttest (see Table 4). The following source table was derived from a repeated measures, factorial analysis of variance (Table 5).

Table 5
Sources of Factorial Analysis of Variance for Grief Adjustment

Source	df	SS	MS	F	p
Between					
Group	1	256.57	256.57	3.58	.0647
School	10	976.07	97.61	1.36	.2274
Group x School	10	314.32	31.43	0.44	.9197
Error	47	3368.89	31.43		
Within					
CIEGA	1	132.50	132.50	7.42	.0090*
CIEGA x Group	1	2.17	2.17	0.12	.7291
CIEGA x School	10	105.25	10.52	0.59	.8140
CIEGA x Grp x Sch	10	274.64	27.46	1.54	.1556
Error (CIEGA)	47	838.73	17.85		

Significance (*) is noted at the .05 level of significance.

The within subjects findings are in reference to the analyses of the repeated measures--the difference between pretesting and posttesting. In relation to these differences between testing periods, the results of the analyses showed that there were no significant interactions among school, group, and CIEGA scores ($F = 1.54$, $p < .05$), nor between school and CIEGA scores ($F = 0.59$, $p < .05$). There also was no significant difference between the treatment and control groups with respect to CIEGA scores between testing periods ($F = .12$, $p < .05$). Therefore, the null hypothesis was not rejected.

In relation to testing periods, both groups were found to significantly decrease in total score on the CIEGA between administration of the pretest and the posttest ($F = 7.42$, $p < .05$). Therefore, regardless of participation in the treatment, all of the students exhibited more adjustment to their grief at the end of the study as compared to the beginning of the study (see Table 5).

The between subjects findings are in reference to the analyses of the separate groups (treatment and control) regardless of the repeated measures. The interactions between schools and groups were addressed in the four hypotheses. There were no significant differences between groups ($F = 3.58$, $p < .05$), nor among schools ($F = 1.36$, $p < .05$) without regard for testing period (see Table 5).

Null Hypothesis #2

H2: There will be no significant difference ($p < .05$) between the treatment and control groups in terms of level of anxiety.

This hypothesis dealt with the differences between the treatment and control groups as measured by the total score of the instrument, the State-Trait Anxiety Inventory for Children (STAIC). The mean total scores on the STAIC for the students in the treatment group were 32.2 on the pretest and 30.2 on the posttest. Mean scores for the control group were 33.82 for the pretest and 30.52 on the posttest (see Table 4). The following source table was derived from a repeated measures, factorial analysis of variance (Table 6).

The within subjects findings are in reference to the analyses of the repeated measures--the difference between pretesting and posttesting. In relation to these differences between testing periods, the results of the analyses showed that there were no significant interactions among school, group, and STAIC scores ($F = 1.41$, $p < .05$), nor between school and STAIC scores ($F = 1.40$, $p < .05$). There also was no significant difference between treatment and control groups with respect to STAIC scores between testing periods ($F = .85$, $p < .05$). Therefore, the null hypothesis was not rejected.

Table 6
Sources of Factorial Analysis of Variance for Levels of Anxiety

Source	df	SS	MS	F	p
Between					
Group	1	16.45	16.45	0.27	.6059
School	10	756.00	75.60	1.24	.2916
Group x School	10	189.80	18.98	0.31	.9745
Error	47	2865.85	60.98		
Within					
STAIC	1	250.35	250.35	15.85	.0002*
STAIC x Group	1	13.49	13.49	.85	.3601
STAIC x School	10	220.94	22.09	1.40	.2103
STAIC x Grp x Sch	10	222.33	22.23	1.41	.2065
Error (STAIC)	47	742.35	15.79		

Significance (*) is noted at the .05 level of significance.

In relation to the two testing periods, both groups were found to significantly decrease in total score on the STAIC, between administration of the pretest and the posttest ($F = 15.85$, $p < .05$). Therefore, regardless of participation in the treatment, all of the students exhibited less personal anxiety at the end of the study as compared to the beginning of the study (see Table 6).

The between subjects findings relate to the analyses of the separate groups (treatment and control) regardless of the repeated measures. The interactions between schools and groups were addressed in the four hypotheses. There were no significant differences between groups ($F = 0.27$, $p < .05$), nor among schools ($F = 1.24$, $p < .05$) without regard for testing period (see Table 6).

Null Hypothesis #3

H3: There will be no significant difference ($p < .05$) between the treatment and control groups in terms of classroom behavior problems.

This hypothesis dealt with the differences between the treatment and control groups as measured by the total score on the instrument, the Teacher Report Form. The mean total scores on the TRF for the students in the treatment group were 51.14 on the pretest and

48.74 on the posttest. Mean scores for the control group were 51.82 for the pretest and 48.91 on the posttest (see Table 4). The following source table was derived from a repeated measures, factorial analysis of variance (Table 7).

Table 7
Sources of Factorial Analysis of Variance for Classroom Behaviors

Source	df	SS	MS	F	p
Between					
Group	1	66.42	66.42	0.71	.4044
School	10	1482.83	148.28	1.58	.1423
Group x School	10	4790.99	479.10	5.10	.0001*
Error	47	4411.03	93.85		
Within					
TRF	1	203.21	203.21	11.16	.0016*
TRF x Group	1	0.18	0.18	0.01	.9218
TRF x School	10	140.34	14.03	0.77	.6555
TRF x Grp x Sch	10	190.46	19.05	1.05	.4212
Error (TRF)	47	855.53	18.20		

Significance (*) is noted at the .05 level of significance.

The within subjects findings relate to the analyses of the repeated measures, the difference between pretesting and posttesting. In relation to these differences between testing periods, the results of the analyses showed that there were no significant interactions among school, group, and TRF scores ($F = 1.05$, $p < .05$), nor between school and TRF scores ($F = 0.77$, $p < .05$). There also was no significant difference between treatment and control groups with respect to TRF scores between testing periods ($F = 0.01$, $p < .05$). Therefore, the null hypothesis was not rejected.

In relation to the two testing periods, both groups were found to significantly decrease between administration of the pretest and the posttest ($F = 11.16$, $p < .05$). Therefore, regardless of participation in the treatment or not, all of the students exhibited fewer classroom behavior problems at the end of the study as compared to the beginning of the study (see Table 7).

The between subjects findings relate to the analyses of the separate groups (treatment and control) regardless of the repeated measures. The interactions between schools and groups were addressed in the four hypotheses. There were no significant differences between groups ($F = 0.71$, $p < .05$), nor among schools ($F = 1.58$, $p < .05$) without regard for testing period (see Table 7).

Null Hypothesis #4

H4: There will be no significant interaction between school and group membership in relation to the dependent variables.

This hypothesis dealt with the possibility that any significant difference in the dependent variables associated with either school or group would change as a function of the other. These analyses were performed between subjects regardless of the repeated measures. The results of the analyses showed that there were no significant interactions between group and school ($F = 0.40$, $p < .05$) with regard to grief adjustment (see Table 5), nor between group and school ($F = 0.31$, $p < .05$) with regard to levels of anxiety (see Table 6). Therefore, any change between groups on these two dependent variables was not due to the school that the students attended.

On the other hand, the results of the analyses showed that there was a significant interaction between school and group ($F = 5.1$, $p < .05$) in relation to the students' classroom behavior problems (see Table 7). Table 8 shows the mean scores of the TRF by school, group, and testing period.

Four of the schools (#40, #44, #48, and #53) showed a significant difference in the way the teacher rated the behaviors of the students in the treatment group versus the behaviors of the students in the control group.

Table 8
Mean Pretest and Posttest Score of the TRF by School and Group

School #	Group	Pretest	Posttest	p
40	Trt	44.00	39.00	.0016*
40	Ct	58.33	58.00	
42	Trt	47.33	44.33	.0265
42	Ct	68.00	61.50	
43	Trt	53.50	53.00	.8032
43	Ct	58.00	52.75	
44	Trt	38.00	38.67	.0236*
44	Ct	53.50	59.50	
47	Trt	50.67	49.00	.9622
47	Ct	52.67	48.00	
48	Trt	61.33	60.33	.0516*
48	Ct	47.67	43.00	
52	Trt	48.75	43.50	.2144
52	Ct	55.33	51.67	
53	Trt	51.00	51.00	.0088*
53	Ct	42.25	33.75	
54	Trt	57.00	50.33	.7927
54	Ct	55.00	55.00	
55	Trt	55.33	51.00	.0797
55	Ct	38.67	39.33	
56	Trt	54.80	55.00	.1295
56	Ct	48.75	47.50	

Significance (*) is noted at the .05 level of significance.

Additional Findings

Counselor Survey Results

After completion of the bereavement unit and collection of posttest data, the counselors completed a short survey of their overall evaluations of the bereavement unit. Table 9 shows the results of this counselors' survey.

Most of the 11 counselors responded that they agreed with all of the questions related to ease of implementation, effectiveness, and future use of the bereavement unit and manual. All of the counselors reported that they would use the unit again and that they would recommend it to others.

Table 9
Number of Counselors Who Answered a Given Question with the Given Likert-Type Score on the Counselor's Survey

	Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Disagree
Question 1 (Unit-easy to implement)	10	1	0	0	0
Question 2 (Manual-easy to follow)	10	1	0	0	0
Question 3 (Grief Adj.-effective)	10	1	0	0	0
Question 4 (Behavior-effective)	4	3	4	0	0
Question 5 (Anxiety-effective)	7	4	0	0	0
Question 6 (Use the unit again and recom. to others)	11	0	0	0	0

In relation to the implementation of the unit and facilitator's manual, all of the counselors agreed or somewhat agreed that it was easy to use and follow. All of the counselors agreed or somewhat agreed that the unit helped reduce the students' grief adjustment. With regard to the counselors' perceptions regarding the effectiveness of the unit on behaviors and anxiety, the counselors were less certain. Only 63% agreed or

somewhat agreed that the unit helped decrease behavior problems with the other 37% uncertain.

Counselor and Parent Reactions to the Bereavement Intervention

The counselors reported through anecdotal information about their impressions of the unit and the parents' reactions to the unit. All of the parent comments were reported by the participating counselors from times they spoke with the parents. The following anecdotal information is broken down in relation to the overall use of bereavement groups in schools, the Process of Grief exercise, anger toward the deceased, the memorial service, and the memorial books.

Bereavement groups in schools

Several (45%) of the counselors reported that the parents made comments about being very thankful for their children having had the opportunity of the bereavement group within their school. Some comments: "I wish there was something like this at my older child's school." "It helped so much. The things he learned in group, he brought home and told me. We were able to talk as a family in a whole new way. It has really helped."

The counselors made comments such as: "Even if you don't find anything on the instruments, it really is helpful." "The children are very eager to come and to talk; they find new ways of sharing and really listen to others." "I feel so much more confident when working with these children!" "Thank you so much for bringing it to our school system. It's so powerful. I finally feel like I got to do some 'real counseling' with my students." "The student's parents have thanked me so much."

Other comments by the counselors involving the unit itself related to their pleasure with the variety of activities and the manner in which the activities were well thought out. Others felt that there was too much packed into some of the sessions and made the flow more difficult to manage. One of the counselors felt that in her school, the older students (5th graders) seemed to get more out of it than the younger ones (1st graders).

The Process of Grief exercise

Most (55%) counselors reported positively on the usefulness of this exercise. They shared that the exercise helped them explain how grief works, and some said that they used the exercise in other counseling circumstances. Some comments: "It helped the kids really understand what they were going through." "It was so visual." "This idea is so useful, I have even used it with other groups and kids."

Anger toward the deceased

Some counselors (27%) stated that this was a difficult activity for the students in their group. Students who had spent less time with the deceased, such as visiting grandparents, appeared to have difficulty remembering feeling angry. The children in these cases often did not experience much unpleasantness due to the circumstances surrounding their visits.

One counselor shared that even though it was difficult for her students, once they got into the exercise it was very powerful. One boy, whose father died, drew a picture of his father from the waist down pointing a huge finger at him. The picture was regarding a time when the father would not let him go swimming with the other children. The boy portrayed himself as much smaller than the father, standing with an innertube ring around his waist, and tears streaming down his face.

The memorial service

Approximately half of the counselors reported feeling very nervous about how the memorial service would go. One counselor stated that she had to "put on her tough skin and just do it." She found it was well worth the effort and not nearly as solemn as she was afraid it would be.

Several parents who came to the memorial also confided that they were scared and nervous about the service. One parent said that she was afraid that she would not be able to get through it without breaking down. The counselor assured her that this memorial service would be different from any other and that the children would make it easier for her

because it was designed for children. Afterwards, the parent thanked the counselor and shared that she was so thankful that she and her child had something like this to help them through the difficult time.

The memorial books

A few of the counselors (36%) expressed their pleasure with the children's memorial books. One counselor was amazed about what the children put into their pictures. She stated that, "the books were fabulous and something for the children to treasure." Another counselor noticed that the memorial books really seemed to help the memorial service flow more smoothly. The children had something concrete to share as a means for expressing themselves to the others. Yet, another counselor shared that for her the memorial books were difficult to keep track of and put together in time for the service.

Summary

The results of this study were that the bereavement unit was found to have no significant effect on bereaved elementary students' grief adjustment, levels of personal anxiety, or classroom behavior problems. Instead, students in both treatment and control groups were found to significantly decrease in their problems related to grief adjustment, levels of anxiety, and classroom behavior problems. Therefore, hypotheses one, two, and three were not rejected.

There were no significant interactions between schools and groups in terms of grief adjustment or levels of anxiety. However, there was a significant interaction between the schools and groups on the teachers' ratings of students' classroom behavior problems in 4 of the 11 schools. Therefore, hypothesis four was rejected in terms of classroom behavior problems and was not rejected for classroom behavior problems.

In additional findings unrelated to the hypotheses, the counselors and parents reported that they saw benefits of the bereavement unit in the children served. The counselors found the bereavement unit easy to implement, the manual easy to follow, and they would use it again. Several counselors also felt the counseling unit was effective in

helping the students on the dependent variables. The parents reported that the counseling they received at school was beneficial, that it helped them to discuss things at home, and that they wished it could be available for their children who attended other schools.

CHAPTER 5
DISCUSSION

Summary

This study was conducted to test the effectiveness of a bereavement counseling group for young children in the school setting. Treatment and control groups were compared in 11 Florida elementary schools. The sample population of the study included students in kindergarten through fifth grade who experienced the death of someone in their lives within the last year. The counseling was done by certified school counselors and consisted of eight, one-half hour sessions. The goal of the counseling was to help the children adjust to the death, and this goal was met through detailed activities including artwork, bibliotherapy, role-playing, and a memorial service.

There were three dependent variables of interest in the study that were considered good indications of childhood problems with grief. These variables were emotional grief adjustment, levels of anxiety, and classroom behavior problems and were measured with the following instruments: The Children's Inventory of Emotional Grief Adjustment, the State-Trait Anxiety Inventory for Children, and the Teacher Report Form.

A repeated measures, factorial analysis of variance was performed to test for any significant differences between the treatment and control groups on the dependent variables that was not due to chance. The results of the study showed that there were no significant differences between the students in the treatment and the control groups on the dependent variables measures. Instead, all of the students regardless of treatment improved during the course of the study.

Conclusions

The students in the treatment group did not appreciably adjust to the loss any more than the students who received no counseling in the school setting. The students in both

groups reported a decrease in the amount of anxiety they felt and in their emotional grief. Similarly, their teachers also reported a reduction in the level of classroom behavior problems for both the students who received counseling and for those who received no counseling.

In contrast, both the counselors and the teachers reported that the unit was beneficial for the children. Apparently, although the effectiveness of the bereavement unit was not supported by the findings related to the dependent variables, the counselors and parents found benefical aspects of the bereavement unit.

There were indications from the counselors that some parents were fearful that participation in a bereavement group would bring up grief issues that were not previously present in their children. The results of the study showed that this fear was not founded. Although the unit did not show greater improvement in the counseled students, there also was no indication that the unit caused any further problems for the bereaved students in relation to the dependent measures.

Limitations

There were several limitations in this study which may account for the lack of effectiveness of the bereavement unit on the dependent variables. Since this area has previously not been systematically studied, little empirical knowledge was available regarding methods for evaluating bereavement work with children. Therefore, there was limited information to guide the present study.

Since the issue of death and bereavement is delicate, there was no control over outside interventions with the bereaved children. Supportive adults in the lives of the students were not expected to wait the 10 weeks before helping any child in the study who was experiencing pain. Even if the intervening adults did not deal directly with the issues of bereavement, something may have been done to alleviate the distress. The notion of concurrent intervention by the children's natural support system may be supported by the growth in both groups.

Another limitation involves the amount of counseling hours allotted for the unit. There were several reasons for the amount of counseling time in the study. In the school setting there are many schedules to work around. Counseling needs to be arranged around the student's academic schedule. Counselors have limited time to devote to one group of students. There are many schoolwide activities, such as achievement testing and spring breaks, to work around. All of these schedules limited the duration of the intervention, while the length of each session was limited by the children's short attention span. Therefore, the time allowed for the intervention was 4 hours, which was applied in eight, one-half hour sessions.

Subject availability was also a limitation of this study, in the form of both students and counselors. With regard to the students, two factors contributed to difficulty finding subjects; the sensitivity of the topic and the need to have both control and treatment groups within each school. Several counselors reported that the parents of bereaved students were concerned about allowing their children to participate in the study. The parents shared that they were worried that involvement in the group would increase their children's problems in dealing with the death. Since there were also a limited number of students who had experienced a death in the last year, the need for both control and treatment groups in the same school, made finding enough students difficult. In several cases, counselors who had agreed to participate had to drop out of the study for lack of enough students.

School counselors also chose not to participate in the study for a few other reasons. Among these reasons were that they became busy with other work and that they experienced unexpected discomfort in dealing with the issue. Of the 21 counselors who attended the bereavement workshop, 10 dropped out of the study for these various reasons.

Another limitation of the study was the lack of available research instruments for use in bereavement, especially with children. The instruments used were the most applicable measures of the variables available through the literature, but the instruments

were still limited in their sensitivity to grief issues and the variables studied were limited by the kinds of instruments available.

Therefore, the limitations of the study involved several aspects. There was no control over outside support for the students which may have interfered with the effectiveness of the unit as compared between treatment and control groups. Student, counselor, and school schedules limited the amount of time alotted for counseling the bereaved students. Sampling was difficult due to parental sensitivity to grief issues, and the limited availability of bereaved students coupled with the need to have both control and treatment groups in each school. Also, the lack of grief-sensitive instruments in measuring the dependent variables may have decreased the chances of finding more subtle change with regard to the treatment.

Implications

Counselors are apparently eager to have a bereavement unit for use with young children in their school settings. Death occurs in the lives of children and counselors feel a need to deal with the outcomes in their schools. A counseling unit would provide them with a tool for working with bereaved children and help ease their discomfort when working with this delicate issue.

Some parents also reported relief and satisfaction with their children's participation in school-based bereavement groups. They apparently thought that the group was useful. Their reactions may be due to the increased adjustment of their children, or they may simply be relieved to know that someone else is helping support their children during a period of time when they are less able to provide support and answer questions.

The unit in this study produced no discernible differences in the children's adjustment to the loss when comparison groups were used. The lack of differences may be attributed to the unit itself, the limited sensitivity of the instruments to assess change, or the dependent variables of interest. In the study, children within the first year of

bereavement were found to adjust to the death of someone significant, regardless of whether they received support group counseling.

Recommendations

This study was one of the first attempts to systematically evaluate the effects of bereavement counseling with young children. It helped to focus and define areas that need further study. For instance, previous interventions were found to produce growth in bereaved individuals, yet these studies were performed without control groups. The interventions that were previously believed effective may not have been any more effective than no treatment, as found in the present study.

More systematic research with regard to the underlying aspect of grief reactions in children needs to performed. Through these studies, applicible grief variables could be identified and refinement of counseling interventions could aid in the probability of greater grief resolution.

Qualitative methods of research may provide the additional means for studying the issues related to children's reactions to bereavement. Areas of need for further study include the effects of counseling on the differences in children with regard to time since death, with regard to varying relationships, and the effects of various types of interventions with regard to various grade levels.

Interview techniques with the children and the people in their support system would help alleviate some of the unresolved issues related to the present study. For instance, the perceived effectiveness of the bereavement unit through the eyes of counselors and parents and the ability to debrief the children after the treatment may help to gain an understanding of the treatment effects on them.

Longitudinal studies may also provide more information in this area. These types of studies would increase our understanding of the differences in children's responses over time. Following the children over time would help to determine the effects of short-term counseling on long-term adjustment to loss issues. It may also help to define the variables

that can cause some children's grief to remain unresolved, while other children resolved their grief rather quickly.

Additional information found during systematic studies could aid in the development of applicable research instruments for use with childhood bereavement. The variables of interest in working with bereaved children need to be further defined and instruments for measuring these variables need to be developed. The development of applicable and reliable measures of childhood grief adjustment would then lead to more applicable and reliable quantitative research.

Summary

This study conducted an evaluation of a bereavement unit with children. Although counselors and parents report beneficial aspects of the bereavement unit, no significant differences were found between the students in the treatment and control groups, with regard to the dependent variables. Since this study was one of the first attempts of empirically based research into the effectiveness of bereavement groups with children, there were several limitations in regard to methodology that may have contributed to the lack of effectiveness of the unit based on objective measures and statistical analyses. Among these limitations were no control over outside interventions, limitation in the amount of time allotted for the bereavement unit, difficulty obtaining the sample population, and limitations in the dependent measures. Further research is necessary in order to develop programs that can better address the needs of bereaved students and evaluate the progress with their grief work. Qualitative methods and longitudinal studies were recommended to aid in the better understanding of childhood bereavement, the development of instruments for studying childhood grief adjustment, and further refinement of bereavement interventions for use with children.

APPENDIX A
RESEARCH PACKET

Facilitator's Checklist of Progress

Principal Investigator: Kathy Adams (904) 371-8342

County Contact Person: _____ _____

The purpose of this study is to determine the effectiveness of bereavement support groups with primary grade students in the school setting. There will be both a control and an experimental group. Students in both of the groups will be evaluated on the three variables: Grief adjustment, behavioral problems, and levels of anxiety.

Procedure	Date Completed
Selection/Randomization	_____
Letter Sent	_____
Pretesting	_____
Letter Sent	_____
Intervention	_____
Letter Sent	_____
Posttesting	_____
Materials Returned	_____

Subject Selection/Randomization

1. Deriving list of students

   A. Make enough copies of the Checklist of Children's Need for the Study.

   B. Give one checklist to each teacher in grades kindergarten through third.

2. Gaining Permission

   A. Contact each parent of the students chosen as good candidates for the study by the teachers. Explain the study by reading the Parental Informed Consent.

   B. Ask permission for the student to participate in the study. Parents may either come into the school to sign the informed consent form or the form may be sent home and returned.

   C. At this same time ask the guardians to fill out the General Information Questionnaire.

3. Random Assignment

   Once you have received all of the informed consent forms, use the provided table of random numbers to randomly assign students to either the control or the experimental group.

4. Assigning Student Code Numbers

   A. Record the name of each student in the experimental group on the Student Identification/Information Form. A student code number has already been written for each student on the form.

   B. Record the name of each student in the control group next on form. These student code number should also already be written on the form.

5. After completion of subject selection/randomization, fill out the Notice of Completion. Send it in the enclosed envelope to the principal investigator.

Checklist of Student Need for the Study

List any student in your class who has:

1. Experienced a death of a significant person in his/her life.

2. The death occurred more than one month ago, and less than 12 months.

3. The death has affected the student's performance in school.

General Information Questionnaire

Information about the student:

Code Number:

Age: 5 6 7 8 9 Grade: K 1 2 3 Gender: M F

Race: White Black Hispanic Asian Other

Information about the deceased:

Date of death:

The person who died was the student's:

_____ Father
_____ Mother
_____ Brother
_____ Sister
_____ Grandmother
_____ Grandfather
_____ Aunt
_____ Uncle
_____ Cousin
_____ Friend
_____ Other _____

The student's relationship with the deceased was:

_____ Closer than any other relationship.
_____ Closer than most relationships.
_____ About as close as most relationships.
_____ Not as close as most relationships.
_____ Not very close at all.

How often did the students see the deceased?

_____ Everyday.
_____ Couple times a week.
_____ Couple times a month.
_____ Couple times per year.
_____ Less than once a year.

How much effect did the death of the deceased have on the student?

_____ Has made a clear difference.
_____ Has made some difference.
_____ Not certain.
_____ Has made little difference.
_____ Did not make any difference.

The deceased's death was: _____ Expected _____ Unexpected

_____ Slow _____ Sudden

Table of Random Numbers

Number the names of students selected for the study 1-12, for as many as you have. Randomly drop your pencil onto the page of numbers. Wherever the point lands, start on that number for selection of students into either control or experimental groups. Look at the last two digits in the first number and then at the numbers you assigned to students. If those last two numbers are the same as found in your assigned numbers (1-12) place that student in the control group. If the number is not in your list (for example 435), pass on the number and move along until you come upon another number in your list. Place the second student in the experimental group. Continue through the random numbers list until you have placed each student (alternating) in either the control or experimental groups.

Use the following table of random numbers:

12	41	92	12	86	28	75
45	65	57	41	81	44	84
95	41	07	63	84	04	56
64	33	59	61	60	50	81
48	84	64	22	30	89	65
92	87	02	81	28	34	64
76	67	16	39	83	13	06
15	77	25	03	05	31	71
05	18	24	80	05	44	40
61	83	79	10	72	04	41
39	60	56	69	58	66	36
79	80	13	14	11	46	52
33	06	97	77	77	48	46
01	92	94	65	96	19	35
01	44	17	47	40	00	39
27	11	95	23	58	63	46
95	46	30	80	66	16	22
03	09	38	58	86	90	90
58	25	26	46	52	43	52
51	48	10	97	53	77	50
12	31	38	90	58	92	07
55	53	40	30	31	99	42
98	35	27	46	82	98	56
04	87	16	14	37	42	70
90	01	62	32	89	52	74
61	55	74	19	17	38	86
28	99	09	46	47	46	14
24	91	18	30	00	04	70
82	27	96	19	08	04	45
47	48	34	25	56	10	52
45	22	38	66	04	16	00
43	51	96	72	83	31	53
60	08	54	40	64	49	97

Student Identification/Information Form

Student Name _____ Pretest # _____ Days missed _____

Experimental group

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Control Group

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notice of Completion

I have completed the selection and randomized placement of students in groups. I have _____ students in the control group and _____ students in the experimental group.
(number) (number)

I have a question about:

_____

_____

_____

_____

_____

_____

_____

_____

Name _____

School _____

County _____

Date Completed _____

Pretesting

1. All pretest materials have to be completed 1 week prior to the administration of the intervention to the experimental group.

2. Give the Teacher Report Form to the teachers along with the provided Instructions for Administration of TRF sheet.

   A. Fill in the student's name, the completion date and your name before giving to the teacher.

   B. The TRF will have the student's code number already on it. Please do not write the student's name on the form.

3. Also during the week prior to the beginning of the intervention, the group facilitator needs to meet individually with each student in the study (both experimental and control) to administer the rest of the pretest instruments.

   A. Read aloud the Statement Regarding Testing before administering the tests.

   B. To administer the tests read aloud each item and mark the student's answer on the provided answer sheet.

   C. Administer the State-Trait Anxiety Inventory for Children (STAIC) first. Only do the STAIC FORM

   C-1. Do not do the other side.

   D. Then ask the questions on the Children's Inventory of Emotional Grief Adjustment.

4. After completion of the tests, thank the control group members for their cooperation.

   Tell the member of the experimental group the following statement: "You have been picked to be in a group to talk about the person you knew who died. The group will start next week. I'll pick you up."

5. After completion of administering the pretest, fill out the Notice of Completion. Send it in the enclosed envelope to the principal investigator.

Instructions for Administration of TRF

Thank you for your cooperation in completing the following form. The student you are to consider is:

_____
(Name)

You only need to fill out pages 3 and 4 of the instrument sheet. In filling the form out, please consider the student's behavior as it has occurred in the past two weeks. Mark your answers to the best of your ability. Please do not place the student's name on the form.

The form needs to be completed by _____
(Date)

and returned to _____.
(Name)

Notice of Completion

I have completed the pretesting of students and I am ready to begin the intervention with the experimental group.

I have a question about:

_____

_____

_____

_____

_____

_____

_____

_____

Name _____

School _____

County _____

Date Completed_____

The Intervention

1. Use the facilitator's manual while implementing the intervention.

2. Prior to each session, make sure you have all of the materials available for use during the session.

3. You may choose to keep separate folders for the work of each student in the group. This helps in containing the pictures and handouts between sessions and adds continuity for the students throughout the intervention.

4. Any student who misses more than one session should be omitted from the data analyses. The child may finish the intervention, but this information needs to be documented on the Student Identification/Information Form.

5. Once you have completed the intervention, fill out the Notice of Completion. Send to the principal investigator in the enclosed envelope.

Notice of Completion

I have completed the intervention and I am ready to begin posttesting the students.

I have a question about:

_____

_____

_____

_____

_____

_____

_____

_____

Name _____

School _____

County _____

Date Completed_____

Posttesting

1. Use the list of Student Identification/Information Form to match pretest student code numbers with posttest measures.

2. Use the same directions as indicated for pretesting.

3. Posttest should be completed within the week following the end of the experimental group's intervention.

4. Prior to giving the Teacher Report Form to the teachers, fill in the information on the attached Instructions for Administration of TRF (student name, date for completion, and your name).

5. Use the same instructions for administration of the children's posttest measures. Tell each student that you will ask them the same questions as before to see how they feel now. Administer individually, and read the items aloud. Thank the children for their cooperation.

Instructions for Administration of TRF

Thank you for your cooperation in completing the following form. The student you are to consider is:

_____
(Name)

You only need to fill out pages 3 and 4 of the instrument sheet. In filling the form out, please consider the student's behavior as it has occurred in the past two weeks. Mark your answers to the best of your ability. Please do not place the student's name on the form.

The form needs to be completed by _____
(Date)

and returned to _____.
(Name)

Returning the Data

Upon completion of the posttest measure, use the Checklist of Material to be Returned to ensure that you have all materials. Send to the principal investigator in the enclosed, envelope. Thank you for your time and effort. If you could please take a few more minutes to complete the following questionnaire, I will greatly appreciate it.

Circle the most appropriate number.

1 = Disagree
2 = Somewhat disagree
3 = Neither agree or disagree
4 = Somewhat agree
5 = Agree

The Bereavement unit was easy to implement.

1 2 3 4 5

The Facilitator's Manual was easy to follow.

1 2 3 4 5

The Bereavement unit helped the student's grief adjustment.

1 2 3 4 5

The Bereavement unit helped decrease the student's behavior problems.

1 2 3 4 5

The Bereavement unit helped decrease the student's levels of anxiety.

1 2 3 4 5

I would use this Bereavement unit again and recommend it to others.

1 2 3 4 5

Checklist of Materials to be Returned

_____ Informed Consent Forms

_____ Pretest Material

_____ Posttest Material

_____ Student Identification/Information Form

_____ Facilitator's Checklist of Progress

APPENDIX B
WORKSHOP OUTLINE

WORKSHOP OUTLINE

I. DEATH SENSITIVITY/INSIGHT ACTIVITY

II. CHILDREN'S CONCEPTS AND REACTIONS TO DEATH

III. FACILITATOR'S CHECKLIST OF PROGRESS

IV. SUBJECT SELECTION/RANDOMIZATION
- Checklist of Student Need for the Study
- Informed Consent Form
- General Information Questionnaire
- Table of Random Numbers
- Student Identification/Information Sheet
- Notice of Completion

V. PRETESTING
- Overview of the Instruments
- Instructions for Administration of TRF
- Notice of Completion

VI. THE INTERVENTION
- Notice of Completion

VII. POSTTESTING
- Instructions for Administration of TRF

VIII. RETURNING THE DATA
- Checklist of Materials to be Returned

IX. OTHER QUESTIONS

How Can I Return to School?

We mourned my father's death.
All those who loved him came:
Family and friends,
And some without a name.

They all shook hands with mother,
And some talked to my brother,
But no one talked to me.
I'm as lonely as can be.

Here I sit alone again
And think about my grief and pain
Daddy's gone away from me,
And no one's here to comfort me.

When I think of school, I shrink.
What will all the children think?
Can they share my tragedy?
Do they care what happened to me?

They're all playing, happy, carefree,
How can I fit in again,
After being left an orphan,
After all this grief and pain?

How can I go back to school?
How can I ever play again?
How can I sing, how can I dress,
How can I raise my hand in class
Or even, sometimes, misbehave,
When my daddy's in his grave?

Smilansky (1987)

CHILDHOOD BEREAVEMENT

- **Developmental Stages of Death Concepts**
- **Bereavement Theory**
- **Tasks of Childhood Bereavement**
- **Issues in Working with Bereaved Children**

DEVELOPMENTAL STAGES OF DEATH CONCEPTS
by H. Wass in Childhood and Death

- Stage of preoperational thought - Infancy

  No concept of death.

- Stage of preoperations thought - Late infancy, early childhood

  Death is reversible: A temporary restriction, departure or sleep.

- Stage of concrete operations - Middle childhood, late childhood

  Death is irreversible but capricious; external-internal physiological explanations.

- Period of formal operations - Preadolescence, Adolescence, Adulthood

  Death is irreversible, universal, personal, but distant; natural, physiological and theological explanations.

BEREAVEMENT THEORY

Tasks of Grief Work

- **Detach the relationship from the deceased.**

- **Cognitively restructuring of the relationship with the deceased as a bond in the past.**

- **Form new attachments and relationships to fulfill the needs previously met by the deceased.**

TASKS OF CHILDHOOD BEREAVEMENT

Early Tasks

- **Focus on understanding the death**
  - **Death in general**
  - **The specific death**
- **Focus on security needs**
  - **Family organization**
  - **Sense of security**

Middle Tasks

- **Emotional acknowledgment of the death**
- **Exploration and re-evaluation of the relationship**
  - **Focus on the relationship**
  - **Focus on feelings**

Late Tasks

- **Reworking of the relationship**
- **Reinvestment in new emotional relationships**
  - **Fear of losing someone else**
  - **Making comparisons**

Readdressing Tasks

- **Anniversary reactions**
- **Developmental maturing**

ISSUES IN WORKING WITH BEREAVED CHILDREN

Need to face death issues

- **Face your own feelings of death**
- **Use language of death easily and naturally**
- **Be familiar with developmental stages of death concepts**
- **Be aware of the enormous changes that occur in the life of a bereaved child**

Facilitative responses

- **Feeling Focused**
- **Clarifying/Summarizing Open Questions**
- **At times - Directive**

APPENDIX C
CHILDREN'S INVENTORY OF EMOTIONAL GRIEF

CHILDREN'S INVENTORY OF EMOTIONAL GRIEF ADJUSTMENT

Read each sentence aloud to the child and mark his/her answer. State the name of the person who died in the blank.

1. Since _____died, do you worry about other people dying...
All the time A lot of the time Sometimes Not much of the time Never

2. Since _____died, do you worry about when you might die...
All the time A lot of the time Sometimes Not much of the time Never

3. Since _____died, do you feel like talking about the person and the things you did together...
All the time A lot of the time Sometimes Not much of the time Never

4. Since _____died, do you feel sad...
All the time A lot of the time Sometimes Not much of the time Never

5. Since _____died, do you talk about your feeling...
All the time A lot of the time Sometimes Not much of the time Never

6. Since _____died, do you have a hard time paying attention in school...
All the time A lot of the time Sometimes Not much of the time Never

7. Since _____died, do you have someone you feel comfortable talking to about him/her....
All the time A lot of the time Sometimes Not much of the time Never

8. Since _____died, do you want to be alone...
All the time A lot of the time Sometimes Not much of the time Never

9. Since _____died, do you get angry...
All the time A lot of the time Sometimes Not much of the time Never

10. Since _____died, do you know more ways to let my feelings out...
All the time A lot of the time Sometimes Not much of the time Never

11. Since _____died, do you try to think of something you could do to bring the person back...
All the time A lot of the time Sometimes Not much of the time Never

12. Since _____died, do you think more about death...
All the time A lot of the time Sometimes Not much of the time Never

13. Since _____died, do you have a hard time finishing things you start...
All the time A lot of the time Sometimes Not much of the time Never

14. Since _____died, do you still enjoy playing...
All the time A lot of the time Sometimes Not much of the time Never

15. Since _____died, are you afraid you will forget him/her...
All the time A lot of the time Sometimes Not much of the time Never

16. Since _____died, do you feel lonely....
All the time A lot of the time Sometimes Not much of the time Never

APPENDIX D
FACILITATOR'S MANUAL

SESSION ONE: REMEMBERING THE DECEASED

Objectives:
1) To provide the opportunity for the group members to get acquainted.
2) To provide the students with a common language for discussing pleasant and unpleasant feelings.
3) To help each student identify the person who recently died.
4) To help the students understand that their feelings and behaviors, related to the deceased person, are to be worked on during the following weeks.

Materials Needed:
1) "Sunny" and "cloudy" feeling cards.
2) Drawing paper.
3) Markers, crayons, or pencils for drawing.
4) A folder in which to keep the work of each student.
5) Ample work area for drawing.

Opening Statement:

Say: **"Hello, we're going to get together as a group for the next eight weeks. Each of you has been picked for the group because you know someone special who has died. Today we are going to get to know each other a little, talk about sunny and cloudy feelings and then share a little about the person we each knew who died."**

Activities:

1) Have the students sit in a circle and take turns sharing information with each other (a "go around") using some basic questions.

Say: **"First we're going to get to know each other. We are going to take turns telling your name, what grade you're in, and one thing you like to do when you get home from school. We'll start with you (indicate the student to your right) and go all the way around to you"** (point to each child in a clockwise manner and end with the last student in the circle).

2) Teach them that there are two types of feeling; pleasant which the group will call "sunny" and, unpleasant which the group will call "cloudy".

Say: **"We're going to be talking a lot about feelings. In this group we'll talk about two types of feelings 'sunny' and 'cloudy'** (hold up each of the respective feelings cards as you say them). "Sunny feelings are the ones that make you feel good inside (point to your stomach). **What are some feelings you know that are sunny?"** Help children generate feeling words that are pleasant. Now say: **"Okay that's a lot of sunny feelings, can anyone think of a cloudy feeling?"** Help them generate unpleasant feelings.

3) Have students share in a "go around" who died in the family and one thing they remembered about the person.

Say: **"Now we're going to tell the name and something you remember about the person that died who you know. We'll start with you and go around this way** (again, point to the person on your right and move your finger in a clockwise direction around the circle)."

4) Draw a picture of the person. Discuss the pictures in terms of sunny feelings and cloudy feelings.

Say: **"Now draw a picture of that person when he/she was dying. If the person you knew was real sick, then you might draw him or her in bed. If the person died some other way, draw that way. I'll help you if you need it. We only have a little time to draw the picture, so draw quickly. It doesn't have to be your best work."** Encourage them to keep drawing quickly.

After a short time say: **"Now we're going to share our pictures. We'll start with you and go around. What is happening in your picture?"** As each student tells about the picture, process the feelings and say: **"Okay, let me write a sentence describing your picture. What should I write?"** You may have to prompt some of them with comments they made while describing. You can also start each sentence with -**"This is a (cloudy) picture because..."** Refer to the sunny and cloudy feeling cards as you notice the emotions in each of the children.

Summary Statement:

Say: **"Okay, that's the end of today's session. I'm going to keep the pictures you drew so we can make them into a book. In the next weeks we're going to talk more about each of the special people you knew who died, and about the way each of you feel about the person dying. We're also going to talk about the ways people behave when someone dies. Everyone have a sunny week and we'll meet again next (Tuesday)."**

Hints:

1) Refer to the feelings cards whenever appropriate.
2) Let the students get to know each other and firmly identify the deceased in their mind. Sharing about the death may be hard for some students. Be aware of their feelings.
3) Be aware of children's body language (especially in relation to eye contact, quickness of breath, playing with their hands) in order to discern difficult topics that promote increased anxiety.
4) Have the children take responsibility for their own feeling by using "I" language.

SESSION TWO: DEATH AND THE GRIEVING PROCESS

Objectives:
1) Define death according to each child's cultural and religious background.
2) Teach the students about the process of grieving.
3) Identify expectations of the group and of the facilitator.

Materials Needed:
1) "Sunny" and "cloudy" feeling handouts.
2) "Process of grief" handout.
3) Drawing paper.
4) Markers, crayons, or pencils for drawing.
5) Each student's folder of work.
6) Ample work area for drawing.

Opening Statement:

Say: **"Remember last week each of you drew a picture of a very special person who died** (show pictures and read each sentence). **I'm still going to keep these pictures to make your books, and today we are going to talk about death and something called grief."**

Activities:

1) Discuss the children understanding of death. Let the students define death according to their own beliefs. Process after each question and clarify any misconceptions the students have. Focus on feelings, some of the students' beliefs may differ. This is okay, so tell them and help them come to understand the differences.

Say: **"Who can tell me what death means? Does the person need to eat? How about breathing? Can they talk? What happens to a person when they die?"**

2) Teach the students about grief. Use the "process of grief" handout to teach them that all people have cloudy feelings when someone dies and what happens if people don't let themselves express them.

Say: **"When people die, they leave behind people who miss them - just like you. Every person who has know someone who has died, has feelings called grief. Everyone say that word--'grief'. This is a picture of the body of a person who has grief feelings. This is the brain** (point to the brain), **and these dots in here are all feelings. Most of these are cloudy right now, but there are also some sunny feelings in there too."**

"The important thing about these feelings is that they have to come out. If they don't come out, they end up rumbling and tumbling around inside you bad then they may explode out of you without any control. When they explode out of people, they usually come out through yelling or punching or kicking or something like that" (using a red marker, draw spiraling lines coming from the feelings area, out of the mouth hands and feet).

"To keep the cloudy feelings from exploding out of you, you have to do one thing. Your job in grief is to take those feelings up from here (point to the dots) **and bring them up to here** (point to the brain). **What does this part of the body do? That's right, thinks. To keep the feelings from exploding out, you have to take them up to the brain and think about them. You may think about how much you miss the person, or how it doesn't seem fair. And then you have to let those feelings out. There are many ways people**

can do this. (With a different color, draw a line from the feelings to the eyes and then draw some tears). **You can bring them to the brain, think about them, and then let them out through the eyes by crying.** (With a different color, draw a line from the feelings to the mouth and then draw a word bubble). **You can bring them to the brain, think about them, and then let them out through your mouth by talking to someone.** (With a different color, draw a line from the feelings to the brain and then down to the hands and draw a small rectangle to represent a piece of paper). **You can bring them to the brain, think about them, and then let them out through your hand by drawing pictures, writing a letter or in a journal, or you could let them out through both hands by giving hugs.** (With a different color, draw a line from the feelings to the brain and then down to the feet.) **You can bring them to the brain, think about them, and then let them out through your feet by riding your bike, going for a walk or playing a game like basketball or soccer."**

"In each of these cases, the most important thing to do is bring the feelings to the brain. If you drew pictures, but you weren't thinking about the person, would it let out grief feelings? No, of course not. How about riding your bike? So in order to let our your cloudy feelings of grief, you have to first bring the feelings to your brain to think about them."

"That's what our job is going to be in the next six weeks. My job is to help you bring the feelings to the brain. Your job is to think about them and then find ways of letting them out."

3) Discuss what feelings are associated with grief.

Say: **"What are some feelings that are inside here** (point to the dots)?" Process, draw pictures if you have more time.

Summary Statement:

Say: **"That's all the time for today. Our job over the next six weeks will be to work on our grief feelings by doing fun activities that help us think about the feeling, and do something to get rid of it."**

Hints:

1) Allow the students to dictate the flow of the discussion about death. Keep an open mind, regardless of your beliefs about death and afterlife.
2) Be aware of children's body language (especially in relation to eye contact, quickness of breath, playing with their hands) in order to discern difficult topics that promote increased anxiety.
3) Have the children take responsibility for their own feeling by using "I" language.

SESSION THREE: SPECIAL MEMORIES

Objectives:
1) Provide a non-threatening first experience into talking about their personal loss.
2) Teach the students about the importance of memories and remembering.

Materials Needed:
1) "Sunny" and "cloudy" feeling handouts.
2) "Process of grief" handout.
3) Book.
4) Drawing paper.
5) Markers, crayons, or pencils for drawing.
6) Ample work area for drawing.

Opening Statement:
Say: **"Last week we talked about death and learned about something called grief. Who can tell me about grief** (Show them the "process of grief" handout and let them tell about it). **That's right, and today we are going to read a story and then draw some pictures. Doing this will help us work on our grief."**

Activities:
1) Read a book, a Time for Remembering.

2) Discuss memories.

Say: **"What was the boy in the story doing while he sat and held the flower? That's right, he was remembering all the times he spent with his Grandpa. Did those memories make him feel sunny or cloudy?"** Make sure they give you both. **"So he had both feelings. He was sad because he missed his Grandpa, but the things he was remembering were sunny. When the boy thinks and remembers his Grandpa and the things they did together, he gets stronger just like the plant in the hospital became stronger when his Grandfather picked the dying flowers off it."**

3) Draw pictures of pre-death memories.
Say, **"Now we are going to think about and draw some pictures of the things we remember about the person who died in our lives. Thinking about these memories may make you feel sunny and cloudy -- both are okay and both will make you stronger."** Limit drawing time to allow time to tell about the **pictures and write a sentence describing each (again, you can prompt each sentence with: "This is a (sunny) picture because...").** Focus of feelings. Keep the pictures for the memory books.

Summary Statement:
Say: **"Thank you for sharing so many memories. You all worked hard on getting rid of grief feelings and remembering the sunny times you had with your special someone. I'm going to be keeping these pictures for the memory book too. Next week we're going to talk about the many ways people behave when someone dies."**

Hints:
1) Focus on feelings when discussing memories. Be especially alert to unpleasant feelings. If any unpleasant feelings are expressed, assure the students that its okay.

That everyone feels sunny and cloudy about everyone. We will be focusing on unpleasant feelings in a later session.

2) Be aware of children's body language (especially in relation to eye contact, quickness of breath, playing with their hands) in order to discern difficult topics that promote increased anxiety.

3) Have the children take responsibility for their own feeling by using "I" language.

SESSION FOUR: DEALING WITH GRIEF

Objectives:
1) Introduce the various behavioral responses to the loss of a significant person due to death.
2) Provide them with an understanding that there is a great variety in the ways people respond and that each is okay.
3) Provide skills for handling difficult situation pertaining to the loss.

Materials Needed:
1) "Sunny" and "cloudy" feeling handouts.
2) "Process of grief" handout.
3) Scenario cards for role plays.
4) Ample room for movement and activity associated with role playing.

Opening Statement:

Say: **"Last week we talked about how important it is to remember a person who has died. We also went over what is grief. Who can tell me again about grief** (show them the "process of grief" handout and let them tell about it again). **That's right, and today we're going to talk about behaviors and play act some situations."**

Activities:

1) Discuss the various ways people behave when someone dies. Include a discussion about what helps and what hurts.

Say: **"People who have grief feelings act in many different ways. What are some of the things you or someone in your family has done?"**

2) Role play difficult situations that occur during and after the person died.

Say: **"One of the reasons people act mean is because they are hurting and they don't know any other way to act. Right now we are going to practice ways to act when we hurt, I have some cards here that talk about some of the things that might make you hurt inside."** Read each of the cards and have the students act out the situations. On some of the cards, the students may choose to simply discuss the situation rather than act it out. Process each situation, focus on feelings.

A. Friend tries to talk about it.
B. Friend says something really cruel.
C. Run into someone who doesn't know the person is dead.
D. Family member bursts into tears.
E. While your sitting and thinking and the deceased, someone wants you to do something (i.e. school work).
F. You just feel really angry all of a sudden.
G. When you start thinking about the deceased, you get a tummy ache.
H. You have a bad dream about the deceased.
I. You have a good dream about the deceased.

Summary Statement:

Say: **"That's all the time we have for today. You all did a wonderful job of working on difficult situations. Remember that some of these situations may happen to you and some may not. The important thing is the**

way you act during the situations. Some ways are helpful to your grief and some ways aren't."

Hints:

1) This may be hard for some students. Just let the ones who are comfortable, act it out and the students who are not, just discuss it.
2) Be aware of children's body language (especially in relation to eye contact, quickness of breath, playing with their hands) in order to discern difficult topics that promote increased anxiety.
3) Have the children take responsibility for their own feeling by using "I" language.

SESSION FIVE: DEALING WITH UNPLEASANT FEELINGS AND CHANGE

Objectives:
1) Provide an opportunity for the students' to explore and express their emotions related to the loss.
2) Introduce the topic that not all of our feelings are sunny and not all are cloudy.
3) Help the students identify how their life has changed since the death, and how it has stayed the same.

Materials Needed:
1) "Sunny" and "cloudy" feeling handouts.
2) "Process of grief" handout.
3) Regular drawing paper, along with enough sheets of paper, with a line drawn down the middle so that there is room to draw two separate pictures on the same paper, for each student.
4) Markers, crayons, or pencils for drawing.
5) Ample work area for drawing.

Opening Statement:

Say: **"Last week we worked on ways people behave that are helpful and ways that are unhelpful when grieving. This week we are going to draw some pictures to help us understand more about our feelings."**

Activities:

1) Have student draw a picture about a time they were angry at the deceased. Limit drawing time, allow them to tell about the picture, and write a sentence on it. Keep the pictures for the memory book. Be sure to assure the students that all their feelings are okay.

Say: **"Every person gets mad at people they love sometimes and that's okay. But sometimes people feel cloudy about having been mad at the person because he or she is dead now. Right now we are going to think about a time when we were mad at the person who died so that we can get rid of more cloudy feelings. What happened that made you mad?"** Have each student share and process feelings. **"Now draw a picture of that time to go in our memory books."**

2) Using the drawing paper with the line drawn down the middle, have the students draw a picture of how there life has change since the person died, and a picture on the other side of how their life has stayed the same. Limit time, allow them to tell about each side of the picture, and write a sentence on each side. Keep pictures for the memory book.

Say: **"Your life has changed and your life has stayed the same since the person died. Use this piece of paper to draw your life before the person died and after the person died."** Some of the students may not want to draw and can therefore write the changes on each side. Share the pictures. Focus on the things that are the same and the things that are different on each side. Focus on feelings.

Summary Statement:

Say: **"That's all the time for today. It is hard to talk about cloudy feelings, but each of you did a good job of it and it's really important to talk about them and not keep them stuffed deep inside. Next week we are**

going to plan a special party, called a memorial, that we'll have for the people who died."

Hints:

1) This may be a difficult session for many of the students, people don't like saying or thinking unpleasant things about people who are dead. Be aware of feelings of guilt associated with unpleasant feelings.
2) Be aware of children's body language (especially in relation to eye contact, quickness of breath, playing with their hands) in order to discern difficult topics that promote increased anxiety.
3) Have the children take responsibility for their own feeling by using "I" language.

SESSION SIX: THE MEMORIAL SERVICE

Objectives:
1) Introduce the idea of anniversary reactions and continual grief.
2) Provide an opportunity for the students to exert a sense of control over their grief and life.
3) Provide an opportunity for exploration of grief feelings.
4) Discuss current behaviors and situations related to grief.
5) Complete any unfinished business.

Materials Needed:
1) "Sunny" and "cloudy" feeling handouts.
2) Paper for making invitations.
3) Markers, crayons, or pencils for making invitations.
4) Ample work area for drawing.

Opening Statement:
Say: **"Last week we talked about some cloudy feelings and things that have changed since the person died. Today we're going to talk about another important thing you can do when thinking about the special person who died - a memorial service."**

Activities:
1) Explain to the students what anniversary reactions.

Say: **"There is something called anniversary reactions. That means that you will continue to think about the person for the rest of your life, and sometimes you will feel cloudy and sometimes you will feel sunny when you think of him or her. Mostly you will think about the person during really special times like Christmas, your birthday, his or her birthday, or another special time that you used to spend time together. It is okay to be sad during these times. If you do feel sad, what are some things you might do to get those cloudy feelings out? That's right, just the same as you do now."**

2) Review different ways the students can behave in the future when they feel cloudy, or it's the deceased's birthday, or date of his/her death.

Say: **"Another thing you can do when you feel cloudy during these special times is have a memorial service. A memorial service is sort of like a funeral, but the body of the person is not there. Who went to the funeral or memorial service?"** Have each child share their memories. Now, have the students draw pictures of the funeral/memorial service. If some of the students did not go, they may draw pictures of what they think it may have been like or more pictures of memories, While the students are drawing, explain what will happen at the memorial service.

Say: **"Next week we are going to have a memorial service. Our memorial service will be a little different. I will bring a cake with each person's name on it, some flowers, and some candles. We will invite our (Parents, guardians, etc.) so they can share with us. Then we'll share our memory books and feelings, and we'll eat cake. You can draw pictures if you want to. If you have any pictures, music, or a special item that reminds you of the person you can bring it next week to also share."**

3) Make invitations for guardians.

Summary Statement:

Say: **"That's all the time for today. Take the invitations home and give them to your (Mom, Dad, Guardian). Next week we'll have our memorial, I'll see you then."**

Hints:

1) In planning the service, make sure each student understands and feels comfortable with what will occur during the memorial. The memorial should be very kid oriented and very enjoyable. No one should feel anxious about it.
2) Be aware of children's body language (especially in relation to eye contact, quickness of breath, playing with their hands) in order to discern difficult topics that promote increased anxiety.
3) Have the children take responsibility for their own feeling by using "I" language.

SESSION SEVEN: A TIME FOR CELEBRATION

Objectives:
1) Provide an opportunity for the expression of grief feelings.
2) Emphasize that the deceased is gone and say goodbye to that person.
3) Emphasize the parts of the person that will always be a part of the student.
4) Re-establish support systems outside of the group.

Materials Needed:
1) "Sunny" and "cloudy" feeling handouts.
2) Memorial books.
3) Cake, plates, napkins.
4) Flowers.
5) Candles
6) Paper for drawing.
7) Markers, crayons, or pencils for drawing.
8) Ample work area for memorial (including eating, drawing and music).

Opening Statement:

Say: **"Welcome to our memorial service. We have been working very hard on our feelings and behaviors related to our grief. Today we are going to celebrate the time we shared with the special people in our lives who died."**

Activities:

1) Start the memorial service.

Say: **"Memorial services help us remember people who died. Today we are remembering some very special people in a very special way - a children's way. As you can see we have flowers, a cake, candles, and paper with markers. The flowers are beautiful and help us remember the love we felt for the person who died. The cake we will eat in celebration of the time we spent with the people who died. The candles we will light to represent the continuing influence the person who died has in our lives, and the paper and markers can be use to draw pictures at any time during the memorial that we remember something that we want to put on paper as a special new memory."**

"We are going to start by lighting each candle." Let each child tell who the candle represents as you light the candle. **"Now we are going to let each student share their memory books with the rest of us. We'll start with _____..."** Have each student share about their loved one. Ask the guardians to share any memories they have during this time too.

2) Celebrate by eating cake, playing music, and continue to share memories.

Say: **"Thank you all for sharing. Now we are going to celebrate the time we shared with each of the people who died by cutting and eating the cake. If anyone thinks of something else to share feel free."**

3) Draw pictures.

Summary Statement:

Say: **"Thank you for coming and celebrating the life and memories of some very special people. Next week will be our last week together and we'll have some time to finish up and say goodbye. See you then."**

Hints:

1) The mood may start out pretty serious, but should lighten up as the memorial progresses.
2) Be aware of children's body language (especially in relation to eye contact, quickness of breath, playing with their hands) in order to discern difficult topics that promote increased anxiety.
2) Have the children take responsibility for their own feeling by using "I" language.

SESSION EIGHT: CONTINUING SUPPORT

Objectives:
1) Review lessons taught.
2) Discuss what each student learned.
3) Clearly establish that the group is over.
4) Leave the students with a sense of accomplishment and confident to handle their emotions and behaviors.
5) Clearly establish that the group is over.

Materials Needed:
1) "Sunny" and "cloudy" feeling handouts.
2) Chair to be used as "special seat".
3) Ample space for go abounds.
4) Support Flower Handout.

Opening Statement:
Say: **"This is our last day together. We have done a lot together and you all have worked very hard. I just want to say thank you. Now each of you will get a chance to tell what you learned and liked about our group."**

Activities:
1) Explain what a support system is and help them understand that they often go to different people for different problems. Have them write their name in the middle and fill in the name of each person in their support system on the petal of the flowers.

Say: **"Support is something that means help. Whenever we feel cloudy or have a problem, we may need to have someone help, or support us. Different problems need different kinds of support from different people. If you are having a problem with your schoolwork, who would you ask for help? What about feeling sad or getting in a fight with your sister or brother? This flower is called the Support Flower, it will help you remember all the people who can help you, so you can pick the best person. Write your name in the circle. Then on each petal, write the name of each person who helps make you feel better or helps you with your problems. It is okay if you don't fill in every petal, because that will leave room for you to add people as you meet them."** Help the students think of supportive people. Include relatives, school personnel, religious personnel, pets, the deceased, etc.

2) Have a go-around, "All the things you learned."

3) Have a go-around, "What we did that you liked the best."

4) Have a go-around, "Tell one thing you could do to get rid of cloudy feelings."

Summary Statement:
Say: **"That's all the time for today. Remember that you will always have sunny and cloudy feelings, and you know how to behave with both of them. Also remember that there are always people to talk with to help you get rid of cloudy feelings. Let's all have one last big hug. Goodbye!"**

Hints:
1) Congratulation! You did it.

2) You need to make very clear that it is the last session, young students have difficulty ending groups.
3) Be aware of children's body language (especially in relation to eye contact, quickness of breath, playing with their hands) in order to discern difficult topics that promote increased anxiety.
4) Have the children take responsibility for their own feeling by using "I" language.

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BIOGRAPHICAL SKETCH

Kathleen Naomi Adams was born in Fort Walton Beach, Florida, the daughter of Dr. Roger O. Adams and Margaret Smith Adams. In 1987, she received the Bachelor of Science degree in psychology and in 1989 received the Master of Education and Specialist in Education degrees in counselor education from the University of Florida.

Kathleen started her professional career in 1989 as an itinerant school counselor in Alachua County and has counseled in the position for 5 years. She is a certified Florida School Counselor and a National Board Certified counselor. She also is working on the requirements for becoming a Licensed Mental Health Counselor.

Over the past few years, Kathleen has volunteered with the local hospice, helping children deal with the illness and/or death of a family member. She has helped organize the annual Kids Camp, a weekend camping experience for grieving children, since it began in 1992.

She also served as a committee member for the Childhood Cancer Committee, which works on helping children and their families deal with the effects of childhood cancer on the family. In 1993, she helped organize and made a presentation at a conference for local teachers to help them understand the long-term effects of cancer and cancer treatments on the children returning to school.

Kathleen has lived in Gainesville, Florida, since 1984 and plans to marry Agustin Olmos on July 16, 1994. After the wedding, they plan to remain in Gainesville, and Kathleen will continue working as a school counselor.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Robert D. Myrick, Chair
Professor of Counselor Education

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Paul J. Wittmer
Distinguished Service Professor of Counselor Education

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This dissertation was submitted to the Graduate Faculty of the College of Education and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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